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AUTHOR Zamani, A. Rahman, Ed.
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ABSTRACT

This curriculum module is intended to help childcare providers understand how injuries happen and how, by planning ahead and taking simple precautions, most injuries can be avoided. The 3- to 5-hour curriculum is designed to fulfill the learning needs and licensing requirements of childcare providers in California. Introductory remarks present information on trainer qualifications, discuss how the module should be used, highlight the importance of including parents in creating a healthy environment, and discuss how developmentally appropriate practices must be the foundation of teaching children healthy habits. Each of the subsequent topic sections begins with a trainer sheet that covers goal/rationale, learning objectives, methods and learning strategies to be used, materials and equipment required, and training time for each topic or section. The topics covered in this module are: (1) understanding injuries in the childcare setting; (2) risk of injuries related to stages of development; (3) safety policies and behavior development; (4) regular safety checks of indoor and outdoor environments; (5) motor vehicle, transportation, and pedestrian safety; (6) child abuse; (7) sudden infant death syndrome; (8) burns and fire; (9) mechanical airway obstruction: choking, strangulation, and suffocation; (10) falls; (11) poisoning; (12) oral/dental injury; (13) shaken baby syndrome; (14) drowning; (15) firearm injuries; (16) emergency procedures; (17) toy safety; and (18) back injury among providers. Three appendices contain resources, sample forms, and a six-item bibliography. (KB)

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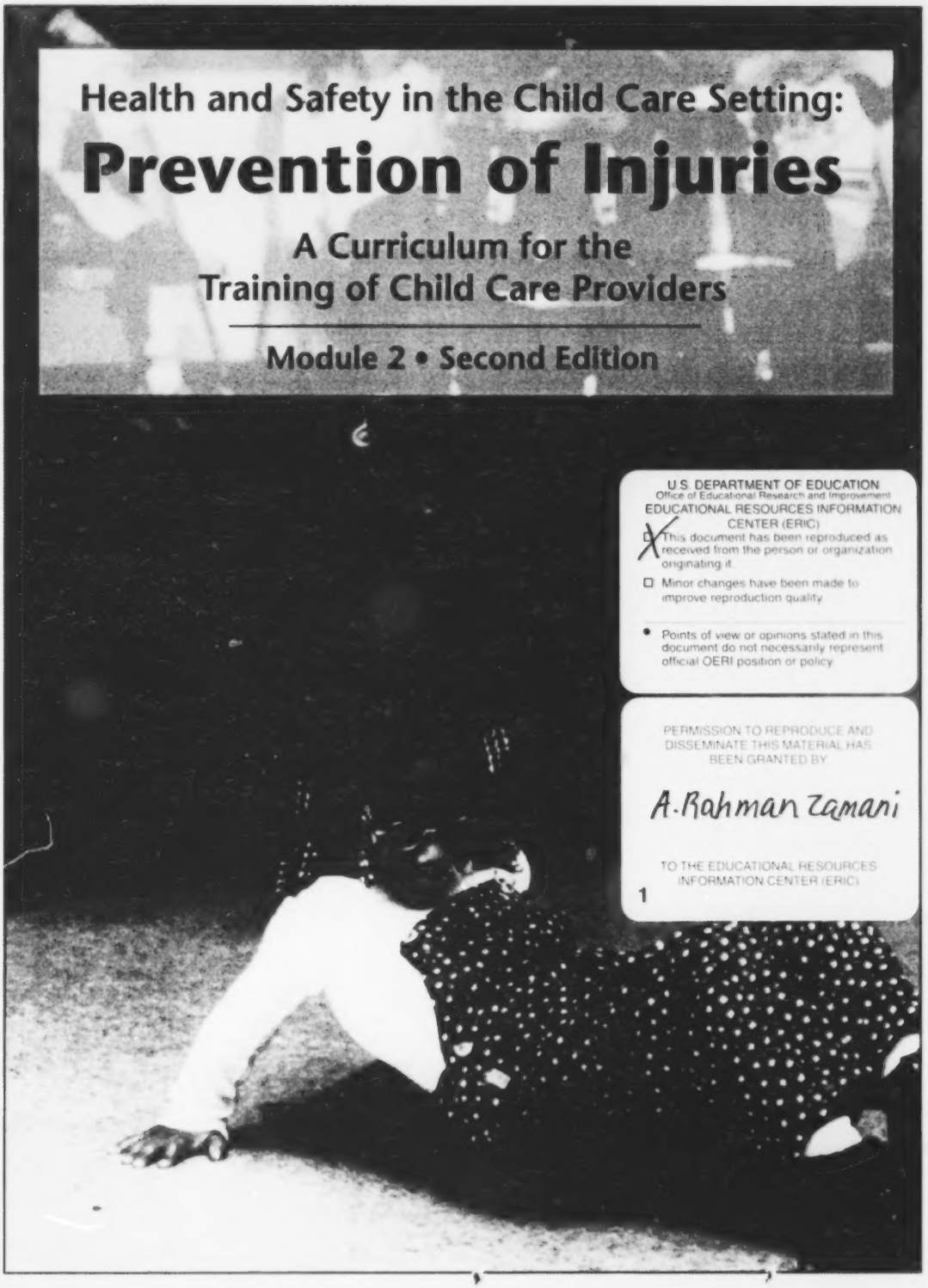
Health and Safety in the Child Care Setting:
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A Curriculum for the
Training of Child Care Providers
Module 2 • Second Edition

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Health and Safety in the Child Care Setting:

Prevention of Injuries

A Curriculum for the
Training of Child Care Providers

Module 2 • Second Edition

Developed by **The California Child Care Health Program**
1322 Webster Street, Suite 402 • Oakland, CA 94612-3218
(510) 839-1195

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Editorial Staff

A. Rahman Zamani, MD, MPH
Bardy Anderson, Graphic Artist
Sara Evinger, Editorial Assistant
Designed and edited by e.g. communications

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The California Childcare Health Program is a community-oriented, multidisciplinary team dedicated to enhancing the quality of child care for California's children by initiating and strengthening linkages among the health, safety and child care communities and the families they serve.

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American Public Health Association and American Academy of Pediatrics under a grant from the U.S. Health Resources and Services Administration. *Caring for Our Children - National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. Washington, DC: APHA & APA, due to be published 2001.
Shapiro Kendrick, A., Kaufmann, R. and Messenger, K.P., eds. *Healthy Young Children*. Washington, DC: National Association for the Education of Young Children, 1995.
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About the Curriculum

This curriculum was first published in June 1998 to be used by qualified health and safety trainers to fulfill part of the learning needs and licensing requirements of child care providers (Health and Safety Code, Section 1596.866) in California.

The core content of the Health and Safety training, based on Emergency Medical Services Authority (EMSA), is arranged into the following two modules:

Module I	Prevention of Infectious Disease
Module II	Prevention of Injuries

Each module stands on its own and has its own educational objectives and handouts. Depending on the specific requirements, a smaller or larger number of learning objectives can be selected and the sequence of modules changed, or the objectives may be modified. Contents of the curriculum and handouts are in agreement with the current child care licensing regulations in California.

This second and updated edition of Module 2, *Prevention of Injuries*, covers the content of the Emergency Medical Services Authority Child Care 7 Hours Preventive Health and Safety Training Course and will provide information and guidance on how to reduce and control injuries in the child care setting. It also reflects current changes in the National Health and Safety Performance Standards for Out-of-Home Child Care.

By using this module, trainers will be able to:

1. Increase awareness about the types of injuries are common in the child care setting, who gets injured, how, when and why.
2. Help providers understand the connection between the age of a child and the kind of injuries he or she may have.
3. Discuss and develop safety policies and use them as tools for safety, risk prevention and protection.
4. Encourage providers to accept responsibility for preventing injuries in their child care setting.
5. Help providers to understand regular safety checks and take actions to eliminate or reduce environmental hazards.
6. Provide materials that can be used as resources for child care providers as well as parents.
7. Connect child care providers with local health and safety resources.

Trainer's Guide

Target Audience: Child care providers

Group Size: 15-20 (ideal)

Who Can Train? Experienced health and safety trainers, registered nurses or licensed physicians with professional experience in injury control and child care knowledge; trainers certified by the Emergency Medical Services Authority

Materials Needed:

- Handouts and overheads (the handouts, overheads and charts in this curriculum can be copied onto transparencies and used as teaching tools as well as copies for handouts to the students)
- VCR and monitor (if showing videos)
- Overhead projector (if using transparencies)
- First aid kit
- Disposable gloves
- Flip chart/chalkboard/whiteboard

Length of Training: Three to five hours. The length of time for individual topics depends on the learning needs and the trainer's preference for using transparencies, videos and/or demonstration. Current California child care regulations require 15 hours of health and safety training. The training in *Prevention of Injuries* is estimated to be three hours. This curriculum is designed to assist the trainer in meeting the requirement and in providing sufficient information and resources to broaden the training to five hours or more. The amount and focus of material selected is to be determined by the trainer.

How to Use This Module

The target audience for this module is the child care community. This module is simple to use, and the subject can be taught easily through instructions and suggestions provided in the **Trainer Sheets**. There is a Trainer Sheet at the beginning of each topic which covers goal/rationale, learning objectives, methods (learning strategies) to be used, materials and equipment required, and training time for each topic or section.

All handouts and overheads can be copied and distributed to participants. Some of them can be used as posters.

Providers and trainers with questions on child health and safety issues are encouraged to contact the Child Care Healthline at (800) 333-3212, or their county health department.

Including Parents in Creating a Healthy Environment

Parents are the primary teachers and role models for young children. When parents are asked what is the most important thing they look for when seeking child care, a healthy and safe environment is at the top of the list. With this in mind, child care providers must include parents in their efforts to create healthy and safe environments and teach healthy habits to the children in their child care program.

The child care providers enrolled in the health and safety class may be new providers or experienced providers who are taking the course for the first time or repeating the class to refresh their knowledge and assure that they are up-to-date. Whatever their knowledge level is, they must be encouraged to communicate all health and safety messages in the curriculum to parents.

Be sure to ask the class how and when they would communicate the concepts learned to the families of the children they care for. This will not only stimulate the participants' understanding of the importance of communicating with parents, but will also assure that they understand the concepts themselves. It is an excellent tool for review and reinforcement.

The timing and method of communicating with parents is important, so please be sure the following are discussed throughout the module:

- Communicate without judgement—do not criticize anyone's parenting skills.
- Review all health and safety policies prior to enrollment of a child. The health and safety of their children is a top priority, so this review will reassure the parent that the provider will be working to promote the well being of the children in their care.

- Communicate any changes in health and safety policies at parent meetings, by written notice in the primary language of the parent (when possible), and informally as you greet the parents at the beginning and end of the day.
- Communicate new knowledge gained on health and safety issues in newsletters, notes, handouts, posted information—any method you can think of that will reach a particular parent group.

All of the steps above will demonstrate to the parents that the child care provider is working in the best interest of the children in their care.

Developmentally Appropriate Practices Must Be the Foundation of Teaching Children Healthy Habits

Developmentally appropriate practices are very much a part of any quality child care program. For the sake of this curriculum, we ask child care providers to incorporate the healthy practices being taught here into their daily practices, with the level of ability of the children in their care in mind at all times. As children develop differently, the actual age of the child is less important than the ability of the child to act upon and understand concepts and tasks.

Infants and toddlers whose hands must be washed after diaper changing will need a different response depending on how independent and capable they are. Some 24-month-olds may be able to step up to a sink, turn the water on and wash their hands with minimal supervision, while others need to be assisted at each step in the process. Both will probably want to spend time playing with the water.

Teach children in a positive and constructive manner. Children learn best from consistent, clear, gentle and timely reminders that are pleasant and fun for them. For example, rather than irritably saying "wash your hands," sing a song about hand washing. Because children love to sing and respond well to positive reminders, your task will be easier and the children will feel good about themselves and the task of washing hands. Incorporating action songs and recommended procedures into the natural flow of the daily program makes it easier on everyone. Don't forget to make your health and safety messages fun.

Even health and safety messages can be fun. Involve the children in as many ways as you can, according to their ability, and make a habit of protecting the health and safety of children.

Introduction

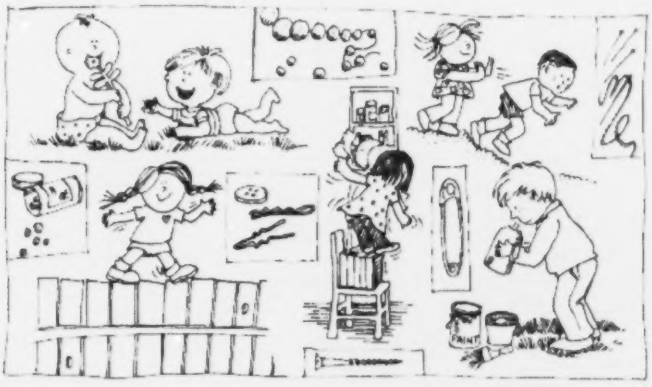
Unintentional injuries are the leading threat to the lives and health of American children. These injuries do not happen because of fate, chance or bad luck. Child care providers should realize that injuries to children are understandable, predictable and preventable. Injury prevention is an essential part of quality child care programs, and a major responsibility of child care providers. By understanding how injuries happen, planning ahead and taking simple precautions, most injuries can be avoided.

National standards developed by the American Public Health Association and the American Academy of Pediatrics stress injury prevention in the development of policies and procedures and in daily practices.

The goal of injury prevention is to reduce the number and seriousness of injuries. It is important to identify potential hazards in the child care environment and to promote preventive actions such as environmental modifications, enforcement of safety policies and behavioral changes.

Strategies for prevention of injuries in the child care setting can be translated into practice by:

- Conducting regular safety checks to identify hazards
- Modifying the environment to reduce hazards
- Supervising children
- Setting and enforcing rules for playground activities
- Educating children, parents and staff members about the importance of injury prevention



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1 Understanding Injuries in the Child Care Setting

Rationale

Injuries occur as a result of unsafe environmental conditions, participation in activities which are not consistent with a child's abilities and development (imitation of others more physically advanced), and/or a lack of visual adult supervision. Successful strategies for preventing child care injuries requires a better understanding of injury epidemiology (the study of occurrence, distribution and causes, or the knowledge of what injuries happen, to whom, where, how and when).

Learning Objectives

Participants will be able to:

- Understand what types of injuries are common in the child care setting, who gets injured, how, when and why

Teaching Methods/Suggested Activities

- **Lecture:** Review and discuss occurrence, distribution and causes of injuries in the child care setting.
- **Group Discussion:** Ask participants to discuss the differences in their setting from the average setting, the specific patterns of injuries in their setting, and the factors involved.
- **Question/Answers:** Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #1: *Understanding Injuries in the Child Care Setting*
- Overhead #1: *Injuries in the Child Care Setting*
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Emphasize that every accident has a cause and a consequence. Injuries generally occur when a risk is taken or a hazard is present in the environment.
- In order to prevent injuries, it is important to understand and anticipate the factors that cause them.

Understanding Injuries in the Child Care Setting

Injuries occur as a result of unsafe conditions in the environment, participation in activities which are not developmentally appropriate, and/or a lack of adult supervision. Age and sex of children, size of the facility, adult-to-child ratio, specific program offerings (e.g., swimming, field trips), playground equipment, supervision, and enforcement of policies and regulations are some of the factors that may influence the risk of injury in child care settings.

Successful strategies for preventing child care injuries require a better understanding of injuries—what injuries happen, to whom, where, how and when.

What types of injuries are common?

Children attending child care are most likely to face the following types of injuries:

- Minor injuries such as cuts, scrapes and bruises
- Severe injuries such as head injuries, broken bones, internal injuries, dislocations or dental injuries
- Poisoning
- Drowning
- Burns
- Choking and suffocation

Who gets injured? Studies show that:

- Injury rates are low for infants and increase with the age of the child. Injuries are most frequent among two- to five-year-olds.
- The difference for boys and girls in preschool is small. At age five, the number of injuries increases among boys as they are more often involved in more active physical play.

How are children injured?

The following factors contribute to injuries and may be divided between child-related factors and environment-related factors:

- Falls are the leading cause of serious injuries. The playground is the major site of injury in the child care setting and accounts for 50 to 60 percent of all child care injuries. Sometimes furniture, stairs or windows are also involved.
- Another child is involved (fighting, pushing, colliding, throwing, biting, etc.).
- The child collides with objects such as moving playground equipment, furniture, part of the building, plants, toys, a fence or gate, etc.
- The child is cut by a sharp edge, burned by a hot surface, hot tap water or heater, or poisoned by toxic materials.
- Injuries occur related to transportation and cars.

When do injuries happen?

- In the summer and spring, probably due to outdoor play and particularly the use of playground equipment
- Late in the morning and late in the afternoon, when children are hungry or tired, and when providers are busy or less available to supervise

Why are children injured?

Children may be injured due to:

- Lack of safety knowledge
- Lack of ability or imitation of others more physically advanced
- Hazards in the environment and access to toxic materials
- Lack of safety precautions, safety devices or supervision

Injuries in the Child Care Setting

What

- Minor injuries (such as cuts, scrapes, and bruises)
- Severe injuries (such as head injuries, broken bones, internal injuries, dislocations, dental injuries)
- Poisoning
- Drowning
- Burns
- Choking and suffocation

Who

- Most frequent among 2- to 5-year-olds.
- More boys than girls after age five

How

- Falls
- Involvement with another child
- Colliding with objects
- Contact with objects
- Motor vehicle accidents
- Bicycle accidents
- Drowning

When

- In the summer and spring
- Late in the morning and late in the afternoon

Why

- Lack of safety knowledge
- Lack of child's ability, imitation of others more physically advanced
- Hazards in the environment and access to toxic materials
- Insufficient use of safety devices
- Lack of safety precautions and supervision

2 Risk of Injuries and Stages of Development

Rationale

At each stage of a child's development, the potential for harm from certain injuries changes. As a child care provider, you should be aware of these developmental changes and the special risks that await these children.

Learning Objectives

Participants will be able to:

- Understand the connection between the age of a child and the kind of injuries he or she may have
- Know the most common types of injuries for each age range and how to prevent them

Teaching Methods/Suggested Activities

- **Lecture:** Review the developmental stages and the risk of injuries related to those stages. Share personal experiences focusing on how to prevent injuries or create scenarios to analyze them.
- **Group Discussion:** Identify potential dangers in the child care setting and suggest ways to eliminate those dangers.
- **Question/Answers:** Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #2: *Risk of Injury and Stages of Development*
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Be aware of children's developmental stages, not just their chronological ages. Children develop on different schedules, and some disabilities may place them at a lower developmental stage than their age would dictate.
- Always model appropriate behavior for young children.
- Set clear, consistent limits for young children, keeping their developmental stage in mind.

Risk of Injury and Stages of Development

Children are at risk for injuries because developmental factors limit their physical, mental and emotional abilities. They grow quickly and want to test and master their environment. Their curiosity, fearlessness and lack of safety knowledge put them at risk of attempting actions for which they may lack the skills and physical capabilities. The type of injuries children may incur is related to their development. For example, an infant's neck is too weak to support the weight of his head, so he will be at risk of serious injury and even death if shaken. Infants and toddlers explore their surroundings by putting objects in their mouths, and therefore are at risk of choking. Toddlers like to walk fast, climb and reach for objects, and therefore are at risk of falling or poisoning. Motor vehicle accidents are the leading cause of injury in all age groups.

As child care providers, we want to assure that children are challenged by their environment and can explore safely. Knowing the children in your care and being careful to remove hazards and set up the environment with their abilities in mind can prevent injuries. Because each child develops at her own rate and not according to any exact age, the examples below are only a framework. One child may crawl at six months, another at one year.

Examples of Stages of Growth, Risk of Injury and Prevention Tips

Age	Characteristics	Risk of Injury	Prevention Tips
Birth to 3 months	• Eats, sleeps, cries • Has strong sucking reflex • Begins grasping and rolling over unexpectedly • Needs support of head and neck	• Falls from couches, tables, changing tables and bed • Burns from hot liquids • Choking and suffocation • SIDS (Sudden Infant Death Syndrome)	• Never leave infants alone on beds, changing tables, sofas, chairs or any other high surface. • Always check water temperature before bathing infant. Set hot tap water temperature below 120° F. • Install smoke alarms and check the batteries twice a year. • Keep small objects and toys away from the baby. • Healthy infants should be placed on their back for sleeping. • Do not use soft bedding in a baby's sleeping area. • Approved child safety seats must be properly installed in the back seat facing the back of the car, and used.

Age	Characteristics	Risk of Injury	Prevention Tips
4 to 6 months	• Sits with minimum support • Plays with open hands • Reaches for objects • Begins to put things in mouth • Is increasingly curious about surroundings • Wants to test, touch	• Vehicle occupant injury • Falls • Burns from hot liquids • Choking and suffocation • SIDS (Sudden Infant Death Syndrome) • Shaken Baby Syndrome	• Approved child safety seats must be properly installed in the back seat facing the back of the car, and used. • Never leave infants alone on beds, changing tables, sofas, chairs or any other high surface. • Always check water temperature before bathing infant. Set hot tap water temperature below 120° F. • Keep small objects and toys away from the baby. • Healthy infants should be placed on their back for sleeping. • Do not use soft bedding in a baby's sleeping area. • Never shake a baby, even playfully.
7 to 12 months	• Sits alone • Very curious about everything • Crawls • Starts to walk • Explores surroundings • Pulls things • Likes to go outside • Imitates movements of adults and others • Begins eating solid food	• Vehicle occupant injury • Falls • Burns from hot liquids and surfaces • Choking and suffocation • Sudden Infant Death Syndrome (SIDS) • Drowning • Shaken Baby Syndrome	• Approved child safety seats must be properly installed and used. • Do not use walkers and other walker-type equipment. • Always check water temperature before bathing infant. Set hot tap water temperature below 120° F. • Keep hot foods and liquids out of the reach of children. • Put guards around radiators, hot pipes and other hot surfaces. • Healthy infants should be placed on their back for sleeping. • Always carefully supervise; never leave a child alone in or near any water (including tubs, toilets, buckets, swimming pool or any other containers of water) even for a few seconds. • Never shake a baby, even playfully.

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Age	Characteristics	Risk of Injury	Prevention Tips
1 and 2 years	• Likes to go fast • Is unsteady • Tries to reach objects • Runs • Walks up and down stairs • Likes to climb • Pushes and pulls objects • Can open doors, drawers, gates and windows • Throws balls and others objects • Begins talking, but cannot express needs	• Motor vehicle injuries • Falls • Burns • Poisoning • Choking • Drowning • Child abuse	• Put toddler gates on stairways and keep any doors to cellars and porches locked. • Show child how to climb up and down stairs. • Remove sharp-edged furniture from frequently used areas. • Turn handles to back of stove while cooking. • Teach child the meaning of "hot." • Keep electric cords out of child's reach. • Use shock stops or furniture to cover used and unused outlets. • Store household products such as cleaners, chemicals, medicines and cosmetics in high places and locked cabinets. • Avoid giving child peanuts, popcorn, raw vegetables and any other food that could cause choking. • Toys should not have small parts. • Always carefully supervise; never leave a child alone in or near any body of water even for a few seconds. • Check floors and reachable areas carefully for small objects such as pins, buttons, coins, etc.

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Age	Characteristics	Risk of Injury	Prevention Tips
3 and 4 years	• Begins making choices • Has lots of energy • Seeks approval and attention	• Traffic injuries • Burns • Play area • Poisons • Tools and equipment	• Check and maintain playground equipment and environment. • Child should play on age and weight-appropriate equipment. • The surface under and around play equipment should be soft and shock absorbent. Use specifically approved surface materials. • Check that child is dressed appropriately to avoid strangulation (e.g., no drawstrings on shirt, jackets, etc.). • Store household products, medicines and cosmetics out of child's sight and reach. • Teach child about the difference between food and nonfood, and what is not good to eat. • Watch child carefully during arts-and-crafts projects for mouthing of paints, brushes, paste and other materials. Use nontoxic supplies. • Store garden equipment, scissors and sharp knives out of reach. • Teach child the safe use of tools and other equipment, and supervise carefully when using.

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Age	Characteristics	Risk of Injury	Prevention Tips
5 years and up	• Is stronger • Likes to explore the neighborhood • Will ask for information • Will seek out playmates • Becomes involved in sports • Plans and carries out ideas	• Traffic injuries • Burns • Play area • Guns	• Teach pedestrian and traffic safety rules. • Older children must wear safety belts. Be a positive role model: cross streets correctly and wear a safety belt at all times when traveling in a car. • Always use helmets even on bicycles with training wheels or tricycles. • Teach children how to drop and roll if their clothing catches fire. • Practice fire drills so child becomes familiar with the escape route and the sound of the smoke alarm. • Keep matches and lighters away from children. Stress bringing found matches to adults. • Check and maintain playground equipment and environment. • Child should play on age and weight-appropriate equipment. • The surface under and around play equipment should be soft and shock absorbent. Use specifically approved surface materials. • Teach safe play rules and encourage child to put toys away after playing. • Do not keep guns or any other weapons in the child care setting.

3 Safety Policies and Behavior Management

Rationale

Child care providers are responsible for providing a safe environment and ensuring the well-being and protection of the children in their care. Safety policies for modifying the environment, modifying behavior, monitoring children and teaching injury-preventive behaviors to children will help the provider offer more safety protection and prevention in every child care situation.

Learning Objectives

Participants will be able to:

- Outline and discuss safety policies and their use as tools for safety, risk prevention, protection and promotion

Teaching Methods/Suggested Activities

- **Brainstorming:** Generate ideas on components of safety policies in the child care setting.
- **Lecture:** Review safety policies and behavior management in the child care setting, and give examples of safe practices that can be used to develop safety policies and manage behavior.
- **Group Discussion:** Working in groups of four to five people, create a policy for active play activities that will be used in a new child care situation. Compare the policies with each other.
- **Question/Answers:** Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #3: *Safety Policies and Behavior Management*
- Overhead #3: *Model Safety Policy*
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Have participants identify areas in their child care settings that lack specific safety policies.
- Stress the importance of education, supervision and observation for maintaining a safe environment.

Safety Policies and Behavior Management

Because of developmental factors that limit children's physical, mental and emotional abilities, they may lack the capacity to judge whether or not an activity is safe. It is the responsibility of child care providers to provide children with a safe environment and to ensure their well-being and protection. Safety policies for modifying the environment, modifying behavior, monitoring children and teaching injury-preventive behaviors to children will help the provider offer more safety protection and prevention in every child care situation.

The action of a child is the most common behavior leading to injury. The majority of behaviors displayed by a child are related to his or her developmental level. The adult behavior that can contribute to a child's injury can be active (such as child abuse or violence) or inactive (such as lack of supervision, knowledge, communication, etc.).

In designing safety policies, understand the safety hazards in the child care environment and know what hazards are addressed by local licensing regulations and fire prevention boards. Providers need to check both inside and outside for hazards while applying special safety considerations to small children. Viewing the environment through the eyes of a child will help the provider find safety hazards and create safety checklists that offer maximum protection. Get down at the child's level so that you can see what the child sees.

Each type of safety hazard should have steps to follow to avoid risk. For example, if a field trip is scheduled, there should be a definite policy for travel with children. This would include trip planning and preparation, assuring enough adults for proper supervision, and procedures to follow during the trip and at its completion.

It is essential to have knowledge of the developmental abilities of the children in child care. The abilities of the children will affect the types of safety policies. These policies should be clearly written, based on standard safety practices and licensing regulations, specific to the hazard involved, and applicable to the specific child care environment.

Safety policies include guidelines, checklists and charts that help to protect the child care environment from hazards. These policies will guide the child care providers in methods of practicing safety and should name the person who is responsible for carrying out the safety process that is developed. The guidelines should address the areas where risks are anticipated, and how the environment should be modified and monitored for safety. Be sure to consider children who have sight or mobility restrictions.

Be a positive role model: keep in mind that your own attitudes and behaviors are as important as the physical environment of your facility. Role modeling should reflect the behaviors the child care provider wishes to pass on to the children. Education and supervision also help providers maintain a safe child care environment.

To prevent injuries in the child care setting, a safety policy and plan should be implemented.

Examples of Safe Practices that Can Be Used for Safety Policies

- Explaining safety actions to the children
- Practicing safe activities in the child care and community environment
- Using safety devices such as smoke alarms and electrical outlet plugs
- Being sensitive to unsafe conditions
- Having daily routines for safety checks
- Removing hazards to ensure a safe physical environment
- Educating oneself on safety issues and practices
- Communicating with parents about safety measures
- Teaching what to do in an emergency and clarifying the provider's safety behavior during practice drills and role-play

Model Safety Policy

Supervision of Active (Large Muscle) Play

Observation of active (large muscle) play in indoor and outdoor spaces will be as follows:

- High-risk play areas (i.e., climbers, slides, swings and water play) will receive the most staff attention.
- All children using playground or indoor play equipment will be supervised. No children will be permitted to go beyond a caregiver's range of direct supervision. Child-to-staff ratios will be at least as high as those for other child care activities.
- Children will be specifically assigned to a caregiver and regularly counted to confirm their whereabouts at all times.
- A written schedule will be prepared by _____ (staff title/name) and used to assign staff to supervise high-risk areas.
- When swimming, wading or performing other gross-motor play activities in water are part of the program, there will be one-to-one supervision of infants by adults, at least two-to-one supervision for toddlers, four-to-one supervision of preschool age children and six-to-one supervision for school-age children. Pools are not recommended for children in diapers.
- Pushing and dunking of a child or running shall be prohibited.
- Children shall not be allowed to bring non-water toys and flotation devices into the water-play area.

4 Regular Safety Checks of Indoor and Outdoor Environments

Rationale

Each room and area of your child care facility contains potential dangers. Examining the indoor and outdoor environments for safety hazards allows the child care provider to offer protection for the children and prevent unnecessary injuries.

Learning Objectives

Participants will be able to:

- Discuss the importance of safe environments and describe a safe environment for all children
- Realize potential hazards in the indoor and outdoor environments
- Take actions to eliminate or reduce those hazards

Teaching Methods/Suggested Activities

- **Brainstorming:** Ask participants to list some of the hazards in a child care setting.
- **Lecture:** Review the need for regular safety checks of indoor and outdoor environments.
- **Group Discussion:** Working in small groups, encourage your class to use the checklist and discuss solutions for some of the possible problems.
- **Question/Answers:** Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #4.1: *Regular Safety Checks of Indoor and Outdoor Environments*
- Handout #4.2: *Safety Checklist*
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Most accidents are preventable.
- Stress that the child care setting is not a place for weapons or firearms. Providers should explore other means of protecting their facility rather than with firearms.
- Emphasize that childproofing a room does not make that room 100 percent safe. Childproofing does not replace supervision; it enhances it.

Regular Safety Checks of Indoor and Outdoor Environments

Each room and area of your child care facility contains potential hazards. Sometimes hazards are not obvious to the untrained eye, but children always find them. Examining the indoor and outdoor environments for safety hazards allows the child care provider to offer protection for the children and prevent unnecessary accidents. When we modify an environment for increased safety, we call it "childproofing."

In your facility, many environmental changes can and do occur almost daily—new children enter, others leave, you purchase new furniture and equipment, bring in pets, seasons change. Every change in your facility's environment should initiate an evaluation to see if it is safe and effective. This process is called "monitoring."

The indoor child care environment can include many physical hazards that pose risks through choking, poisoning, burns, falls and other ways. Many of you control environmental hazards in your facility by instinct, but monitoring your facility for safety should be a deliberate and serious task. One way to accomplish this is by regularly using your safety checklists to insure that your environment is still childproof.

Remember! Childproofing a room does not make that room 100 percent safe. Childproofing does not replace supervision; it enhances it.

Your program must follow certain safety standards and practices in order to be licensed. Local building, sanitary and fire safety codes must also be observed. You can create a safe environment by carefully following these additional guidelines:

- Know the licensing regulations for your child care setting.
- Know all applicable safety practices for the child care environment (such as not shaking a baby, always checking water temperature, putting babies on their back to sleep, keeping hot food and liquids out of reach).
- Be alert to hazards both indoors and outdoors, and eliminate or avoid them.
- Use safety devices where applicable (e.g., smoke alarms, safety guards around hot surfaces, etc.).
- Use the checklist to conduct safety checks of outdoor areas, indoor areas, first aid kits, etc. on a regularly scheduled basis. Some features need to be checked daily, others weekly or monthly. Programs need to build safety checks into their daily, weekly and monthly schedules.
- Encourage all staff to participate in conducting the checks and in the planning of ways to deal with hazards.
- Be aware of conditions that contribute to injuries. Whenever a hazard is found, fix it if you can. If you cannot fix it, make a note of it and follow up with plans to get it fixed.

Know what you are buying or what is being donated to your program. Read labels and instructions carefully. If you have any questions or complaints about the safety of any product, call the Consumer Product Safety Commission (CPSC) at (800) 638-2772.

Safety Checklist

General Indoor Areas

Yes	No	
❑	❑	Guns are not allowed or kept in the child care setting.
❑	❑	Areas are kept clean and unobstructed (to prevent physical injuries and fire hazards).
❑	❑	Stairways are carpeted and have a child-height railing on the right side for descending.
❑	❑	Smoke alarms are working.
❑	❑	No peeling paint is visible; no lead-based paint is used.
❑	❑	Electrical sockets are high and out of reach, or securely covered.
❑	❑	No dangling or covered electrical extension cords are present.
❑	❑	Medications and cleaning solutions are never kept in the classroom or playroom.
❑	❑	All hardware on cribs, tables and bookcases is checked monthly (screws and bolts are tight).
❑	❑	Chairs or tables are not used as ladders to hang items.
❑	❑	No sharp corners are exposed on tables or other furniture.
❑	❑	Toys are safe, with no sharp areas, pinch points or small parts.
❑	❑	Fire exit from the room requires only one turn or pull-down action to open the door or gate.
❑	❑	Accessible above-ground-level windows are protected with adequate grills or screens.
❑	❑	Children cannot reach hot surfaces, hot pipes, heaters or vents.
❑	❑	Freestanding space heaters are not used.
❑	❑	Temperature of tap water for handwashing is maintained at 120° F or less.
❑	❑	Lighting is adequate in all rooms.
❑	❑	Walkways are clear between sleeping cots for children and staff.
❑	❑	Children are never left alone in high chairs, chairs, or on changing tables.
❑	❑	Infant walkers are never used.
❑	❑	Pacifiers with strings longer than six inches are not allowed.
❑	❑	Emergency phone is accessible.
❑	❑	Trash cans are covered and secured.
❑	❑	No smoking is allowed.
❑	❑	Floors are smooth, clean and not slippery.

Kitchen

Yes	No	
❑	❑	Only authorized personnel are allowed in the kitchen.
❑	❑	Sharp utensils are kept out of reach.
❑	❑	All containers are clearly marked and have secure lids.
❑	❑	Fire extinguishers are easily accessible.
❑	❑	Items on shelving units, such as cans of food, are neatly organized, secured, and not piled high.
❑	❑	Separate sinks are used for handwashing and food preparation.
❑	❑	Refrigerated medicines are out of reach of children.

Bathrooms

Yes	No	
❑	❑	Cleaning supplies and medicines are not accessible.
❑	❑	Toilets and sinks are appropriate for use by children; step stools are provided.
❑	❑	Water temperature for handwashing is maintained at 120° F or less.
❑	❑	Floors are non-skid.

Outdoor Playground

Yes	No	
❑	❑	Equipment is checked weekly for sharp protrusions.
❑	❑	Bolts are covered; swings have soft seats.
❑	❑	Ground is covered with loose-fill surface material.
❑	❑	Play area is fenced; gate has safety locks.
❑	❑	Equipment is age-appropriate.
❑	❑	Slides are enclosed or have handrails.
❑	❑	Only one child at a time uses the equipment.
❑	❑	There are no spaces where a child's head, leg or arm could be trapped (3 1/2 to 9 inches).
❑	❑	Constant supervision is provided.
❑	❑	No poisonous plants, trash or sharp objects are in the area surrounding the playground.
❑	❑	Sandboxes are kept covered when not in use.

Toxic Chemicals

Yes	No	
❑	❑	Kitchen and cleaning supplies should have their own locked storage unit.
❑	❑	Cleaning solutions for use in classrooms and playrooms are stored in a locked cabinet.

Computers, Televisions and Electrical Equipment

Yes	No	
❑	❑	Ensure that the equipment is flush against the wall so that the electrical outlet is not exposed.
❑	❑	Only authorized people provide service for equipment.
❑	❑	Liquids are not allowed near equipment.
❑	❑	Children are supervised while equipment is in use.

Vans and Other Vehicles

Yes	No	
❑	❑	First aid kit is available.
❑	❑	Child restraint devices are appropriate for the child's size and weight.
❑	❑	Seat belts are used and maintained.
❑	❑	Radio sound level is kept at a minimum, and the program content is appropriate for children.
❑	❑	Vehicle tires, oil and brakes are maintained regularly.
❑	❑	Driver has a current driver's license and is properly trained.
❑	❑	Children are not allowed in the front seat.
❑	❑	Vehicle is checked for sharp or rusty metal.
❑	❑	An adult trained in CPR and first aid is available when traveling.
❑	❑	Bike helmets are available when needed.

Training

Yes	No	
❑	❑	A person certified in pediatric first aid, rescue breathing and first aid for choking is on site at all times.
❑	❑	Children are taught safety and emergency procedures.
❑	❑	Staff is fully trained in emergency procedures.

Art Supplies

Yes	No	
❑	❑	Nontoxic and natural materials such as dyes and water-based products are used.
❑	❑	Use of scissors is supervised.
❑	❑	Aerosol sprays and solvent-based glues are avoided.

Field Trips

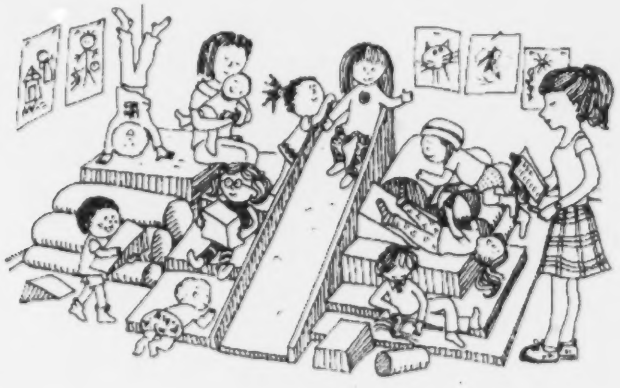
Yes	No	
❑	❑	Adequate supervision is provided.
❑	❑	Each child wears identification.
❑	❑	Young children hold hands in pairs or hold onto a rope when walking in a group.
❑	❑	Emergency medications are taken along

Equipment

Yes	No	
❑	❑	First aid kit is appropriately stocked.
❑	❑	Sports equipment is safe and soft.

Emergency and Severe Weather Drills

Yes	No	
❑	❑	All children are safely evacuated to a safe area within three minutes.
❑	❑	Monthly fire drills are held.
❑	❑	Smoke detectors and the alarm system are in place and working.
❑	❑	Earthquake kits are well stocked and available.
❑	❑	Each child has an emergency kit in their cubby.



5 Motor Vehicle, Transportation and Pedestrian Safety

Rationale

Motor vehicle crashes are the leading cause of death and disability among children in the United States. Motor vehicle injuries to children occur when they are riding in a car that stops suddenly or crashes, when they are pedestrians and hit by a car, or when they are riding bicycles. As a child care provider, you can make a difference by practicing preventive measures for car travel and field trips, and by what you teach your children about traffic.

Learning Objectives

Participants will be able to:

- Understand the child passenger restraint law in California
- Realize common mistakes in using child passenger safety restraints
- Develop strategies for communicating safe practices to parents
- Know how to develop a transportation policy for their child care facility
- Identify how to increase the safety of field trips

Teaching Methods/Suggested Activities

- **Lecture:** Review and discuss motor vehicle, transportation and pedestrian safety. Review and discuss the transportation policy with the class.
- **Demonstration:** Demonstrate the use of safety seats with dolls and stuffed animals. Let participants practice buckling up safety seats. Point out how the harness straps are adjusted to get a snug fit for each child.
- **Group Discussion:** Ask providers what their experience with child safety restraints has been, and what their responsibility is when children come and go.
- **Case Study:** Divide participants into small groups to discuss the following scenario:

> You are planning a field trip to the children's museum for twelve 4-year-olds. Your facility is located downtown and you will need to travel on the freeway about 20 minutes to the museum. There are two staff members who will supervise the field trip. Describe what vehicle(s) you will use to transport the children, what to bring on the field trip, and how to keep the children safe while traveling to the museum and back to the facility.

Materials and Equipment Required

- Handout #5.1: *Motor Vehicle, Transportation and Pedestrian Safety*
- Handout #5.2: *California Buckle-Up Laws for Parents*
- Overhead #5.1: *Suggestions for Child Care Providers*
- Overhead #5.2: *Common Problems When Using Car Seats*
- Handout #5.3: *Safety Belt Songs*
- Handout #5.4: *Field Trip Safety in Child Care*
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Emphasize the importance of using child passenger safety restraints and seat belts every time.
- Child care providers are responsible for making sure that children ride with appropriate child safety restraints when they come and go from child care.
- Infants should ride in the back and rear-facing as long as possible, but at least until they are 20 pounds AND one year of age.
- Suggest that child care providers recruit volunteers to assist on the field trip.
- Involve children in teaching younger children.

Motor Vehicle, Transportation and Pedestrian Safety

What a child care provider needs to know

Motor vehicle crashes are the leading cause of death and disability in the United States. Motor vehicle injuries to children occur when they are riding in a car that stops suddenly or crashes, when they are pedestrians and hit by a car, or when they are riding bicycles. Children of all ages can be the unfortunate victims of car crashes, but those between the ages of two to six pose a special challenge because their levels of curiosity, activity and need for constant reinforcement are at a peak. As a child care provider, you can make a difference by practicing preventive measures for car travel, field trips and by teaching children about traffic safety.

Safety seats and boosters

The California child restraint law is based on safety concerns regarding the improper use of vehicle seat belts and addresses the minimum safety standards. Misuse of child restraints is widespread. The misuse rate varies by location, but it is estimated that about 85 to 95 percent of children who are placed in child safety seats and booster seats are improperly restrained. If used properly, child safety seats and safety belts are very effective in preventing death and severe injuries in a crash.

The back seat is the safest place for children ages 12 and under to ride. Most children need to use a belt-positioning booster seat until they are at least 8 years old, depending on the child's height and how the vehicle lap and shoulder belts fit. When the child can sit straight against the vehicle seat-back cushion with their knees bent over the seat edge for the whole trip, they can graduate to the vehicle safety belts. The lap belt should fit low and tight across the top of the child's upper thighs and the shoulder belt should cross the shoulder, not the throat or face, and be close to the child's chest.

The impact of air bags may cause serious or fatal injuries to infants and children. Even a child correctly buckled up could be injured by an air bag. Never put a rear-facing infant in front of an airbag and keep other children in the back seat away from the airbag.

Child restraints are available for children with special needs who cannot ride safely in other child passenger restraints. The American Academy of Pediatrics (www.aap.org) has a resource entitled, "Car Seat Shopping Guide for Children with Special Needs," that can help with selecting the correct child restraint.

Safety around cars

Young children walking to child care are also at risk of traffic injuries. Many children are also killed when adults back over them with a car. In addition, there have been cases of deaths to young children who were left unattended by an adult in a car. Some of these children were under the care of a child care provider at the time of death. When transporting children, make sure a child is not left behind.

Bicycles and other riding toys

Eighty percent of all bicycle deaths are due to head injury and brain damage. Bicycle helmets reduce the risk of head injury by 85 percent and brain injury by 88 percent. Helmets are also needed when children use skateboards, roller skates, roller scooters or in-line skates.

What a child care provider can do to reduce the risk of injuries

Knowing and following the state's laws and licensing regulations

Child care providers in California are required to know California's child restraint laws. A new state law, effective January 1, 2002, requires children to ride in a child safety seat or booster until they are 6 years old or weigh 60 pounds. Prior to 2002, the law states that children under the age of 4 years (regardless of weight) and 40 pounds (regardless of age) must ride in a child passenger restraint that meets federal safety standards. Older children and adults must wear vehicle safety belts, and pickup truck passengers also must be correctly buckled up.

Developing and following safe transportation policies

Develop a written policy that clearly states the rules, the responsibilities of staff, children and parents, and the emergency procedures to be followed. The policy should fit into your program's particular needs and be consistently used. Make everyone aware of the policies and procedures as well as the reasons for their existence.

Providing safety education

For children: Children should be "street smart" as soon as they are ready to walk outdoors. Preschoolers are old enough to learn simple traffic safety concepts but will need reminders and practice to help them remember and carry out the safe behavior every time. It is not until children reach school age (7 to 11 years old) that they will begin to consistently remember and practice complex traffic safety rules. Children learn traffic safety by watching and doing. Teaching children healthy habits and the consistent use of safe behaviors helps them to practice these habits in later years. Include child passenger and traffic safety awareness in daily curriculum activities. Include safety education in planning trips. Explore safety issues and use teachable moments whenever they occur. Be a positive role model.

For parents: Provide education on car seat issues such as the importance of using child safety seats and safety belts correctly, and using a helmet every time the children ride a bicycle (beginning with tricycles). Discuss with them your transportation safety rules, the hazards of driveway play, stopping children from darting into the streets, crossing streets only with adults and use of lights and crosswalks.

Never leave children in a car without an adult, even with the windows down. Make sure other caregivers also know not to do this. Young children can set vehicles in motion, die from heat stroke, or get stuck in the trunk. Check your car and trunk right away if a toddler is missing.

California Buckle-Up Laws for Parents

Babies and small children must ride in car safety seats if they are under four years old (regardless of weight) or under 40 pounds (regardless of age). Starting in 2002, children must ride in safety seats or boosters until they are at least six years old or weigh 60 lbs.

Older children must ride in booster seats or properly fitted vehicle safety belts.

- **The parent gets the ticket if the child is not correctly buckled up. The driver gets the ticket if the parent is not in the car.**
- The ticket could cost up to $270 per child; the fine for a second offense is $675. One point is added to the driving record, which could raise insurance rates. Part of the fine money goes to a special fund to help pay for local car seat education and distribution programs.
- **Safety booster seats are needed for proper belt fit by most children from about age four until at least age eight. The shoulder belt must not be placed under the arm or behind the back.**
- Safety booster seats are legal for children over 30 pounds; they are not recommended for most children under 35-40 pounds or under age 3 to 4. Special products are available for young children who are over 40 pounds but are too active to sit in a booster with a lap/shoulder belt.

Auto insurers **are required to replace safety seats which have been involved in a crash.**

Adults **(16 and older) must wear vehicle safety belts.**

- The driver can be ticketed for himself and for each unbuckled passenger.
- Passengers also can be ticketed for not being correctly buckled up.
- The ticket could cost up to $22 for each person not correctly buckled up.

Pickup truck passengers **also must be correctly buckled up.**

- The driver can be fined $135 for letting passengers ride in the back of a pickup truck.
- Even if there is a camper shell, the parent or driver still can be ticketed under the child restraint law or safety belt law.

Courtesy SafetyBeltSafe U.S.A. • www.carseat.org • (800) 745-SAFE (English) • (800) 747-SANO (Spanish)

(1/20/01)

Suggestions for Child Care Providers

1. Always use a child restraint every time you transport a child in your care.

2. Make sure your vehicle is in good working order and seat belts are all working.

3. ALWAYS buckle up children in the back seat if possible. Never place a rear-facing infant in the front seat with a passenger air bag.

4. Develop and consistently use a Safe Transportation Policy. Let your parents, helpers or staff know about the policy.

5. Include car seat safety education in your curricula and circle times.

6. Encourage your kids to become Buckle Up Buddies in child care and at home, too.

7. Post the Car Seat Law in your family child care or child care center (required for centers).

8. Help parents find resources for child passenger safety by calling the Child Care Healthline at (800) 333-3212.

9. Receive training in the proper use of child safety seats.

Common Problems When Using Car Seats

Safety seat checkups held in counties throughout the state reveal levels of misuse at 95 percent. These are some common mistakes found at car seat checkups:

- A child not riding in a safety seat or sitting in the seat without using the harness adjusted securely.
- An infant facing the front of the car. Babies should face the rear until they are at least 12 months of age and 20 pounds.
- An infant riding in the front seat with a passenger air bag. Move the infant to the back seat facing the rear.
- Children riding in the front seat when a back seat is available. Children under age 13 should ride in the back seat.
- Too many people in the car. Each person must have his/her own safety belt.
- The car seat not secured tightly to the car. Tighten the seat so that it does not move more than one inch to the side or the front of the car.

Safety Belt Songs

Singing Buckle-Up Songs

Introduce either or both of these songs. "Buckle, Buckle, Buckle Up" reminds children always to wear their safety belts and to ride in the back seat. "Where's Your Safety Belt?" is a reminder of the correct way to wear safety belts.

Older children can be divided into two groups so some can sing the questions and others can sing back the answers. Then repeat the song, with children trading parts.

"Buckle, Buckle, Buckle Up"

Sung to the tune of "Row, Row, Row Your Boat"

Buckle, buckle, buckle up
Riding in the car.
Always put your safety belt on
Going near or far.

I am very special, and
I take care of me.
Riding safely in the back's
The safest place to be.

Suggested motions:

1. Hold two ends of safety belt and buckle up.
2. Hug self.
3. Thumb over shoulder, point to back seat.

"Always Buckle Up"

Sung to the tune of "The Farmer in the Dell"

I always buckle up
I always buckle up
Whenever riding in the car
I always buckle up
My ( ) * buckles up
My ( ) * buckles up
Whenever riding in the car
My ( ) * buckles up

* Add Daddy, Mommy, puppy, etc.

"Where's Your Safety Belt?"

Sung to the tune of "Where is Thumbkin?"

Where's your safety belt?
Where's your safety belt?
Here is mine!
Here is mine!
Buckled 'round my hips
Buckled 'round my hips
Where is yours?
Where is yours?

Suggested motions:

1. Hand against forehead searching.
2. Pat front of belt.
3. Pat hips.
4. Palms up, questioning.

"Wear Your Safety Belt"

Sung to the tune of "Allouette"

Wear your safety belt
Always wear your safety belt
Wear your safety belt
Riding in the car
When I'm riding in the car,
If I'm going near or far,
I buckle up
I buckle up
I buckle up
I buckle up
Oh - oh - oh - oh
(Repeat above)

Field Trip Safety in Child Care

Field trips can offer fun and educational opportunities for children as long as they are well-planned. Be sure to review your field trip/transportation policies before traveling with children. Discuss the specific points with parents and staff before the field trip to ensure that everything is clear. Listed below are recommendations and practical ideas for safe travel.

Vehicle requirements (car, van, truck or bus)

1. Meets state vehicle licensing laws.
2. Heater and air conditioner works.
3. Regular servicing and safety checks.
4. Have a back-up vehicle available in case of an emergency or last-minute changes.

During the trip, keep in the vehicle:

- Proof of vehicle insurance and registration.
- First-aid kit.
- Binder or clip board with: safety checks, vehicle service records, emergency procedures, injury report forms (the same ones child care usually uses), and trip records (when, where and who traveled).
- Keep vehicle doors locked and windows opened only slightly (if needed).
- Remove or keep sharp or heavy objects in the trunk.
- NO smoking, NO loud music or cell phone use.

Driver requirements

- 18 years or older; current driver's license.
- Select drivers based on experience, driving record and safe driving habits.
- NO drinking alcohol in the previous 12 hours before the trip; NO use of any drugs that cause drowsiness or impair judgment.

Planning ahead

Trip Leader:

- Develops a checklist with vehicles/drivers and children assigned to each. Be sure there is adequate insurance coverage for the trip.
- Ensures that an adult with first aid and pediatric CPR training rides in each vehicle.
- Provides name tag including the name and phone of the child care program for each child (some programs provide each child with a brightly colored tee shirt containing the program name and phone).
- Ensures that staff/child ratios as mandated by child care licensing are maintained. More adults allow for smaller groups, easier supervision of children and more fun.
- Counts children before leaving, when arriving and periodically during the trip to ensure that no child is left behind. Ensures that children are supervised at all times.
- Selects someone with child passenger safety training to check for proper child restraint use before leaving. Call the Healthline at (800) 333-3212 for information.
- Checks that all children under age 13 ride in the back seat in their own useable child passenger restraint.

Give each driver:

- A map with the field trip route, the closest hospital and the pick-up and drop-off points clearly marked (give to all parents, too).
- A clipboard with the names and copies of the emergency cards of all children riding in the vehicle.
- A cell phone (for emergency use).

For further information, contact the Healthline at (800) 333-3212 or (619) 594-4373.

Source: Child Care Health Connections Newsletter, March-April 2001 issue

6 Child Abuse

Rationale

Child abuse is a serious threat to the health, safety and well-being of children in this country. Child care settings are the only places where young children are seen on a daily basis over an extended period of time by professionals trained to observe their appearance, behavior and development. As a child care provider, you may be the first person to suspect and report abuse and neglect. You may be the biggest source of support and information available to the parents you serve, and you are a mandated reporter.

Learning Objectives

Participants will be able to:

- Understand what child abuse is and explain different types of child abuse
- Recognize general behaviors that may suggest child abuse or neglect
- Identify physical and behavioral signs of child abuse
- Know what to do to prevent child abuse
- Understand what being a "mandated reporter" means

Teaching Methods/Suggested Activities

- **Lecture:** Review and discuss different types and signs of child abuse. Review and discuss the role of the child care provider in protecting the children in their care.
- **Question/Answers:** Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #6: *Child Abuse*
- Overhead #6: *Indicators of the Three Types of Child Abuse*
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Emphasize the mandated reporting requirement.
- The child care provider should understand protective strategies to provide an abused child with an atmosphere of support and a sense of trust in the provider.
- Stress that intervention may help prevent abuse from occurring.
- Find out what local resources are available.

Child Abuse

What a child care provider needs to know

Child abuse is a very sensitive issue that needs to be carefully handled. The National Committee for the Prevention of Child Abuse (NCPCA) defines child abuse as a non-accidental injury or pattern of injuries to a child for which there is no reasonable explanation.

Child abuse consists of different types of harmful acts directed toward children. In physical abuse, children are slapped, hit, kicked or pushed, or have objects thrown at them causing wounds, broken bones, or other injuries. Severe abuse may result in major injury, permanent physical or developmental damage, or even death. Emotional abuse involves humiliation, dishonoring or other acts carried out over time that terrorize or frighten the child. Sexual abuse consists of a wide range of sexual behavior, including fondling, masturbation and intercourse. Sexual abuse can also involve children in pornography. Neglect, a form of child maltreatment, involves the failure to feed or care for a child's basic needs or to adequately supervise the child.

Child abuse usually is not a single act of physical abuse, neglect or molestation, but is typically a repeated pattern of behavior. A child abuser is most often a parent, stepparent, or other caretaker of a child. He or she can be found in all cultural, ethnic, occupational and socio-economic groups.

Reporting suspected child abuse is difficult for providers. As a child care provider, your job is to protect the child from further potential injury or harm.

You are required by law to report child abuse to your local Child Protective Services agency if you have good reason to suspect that it is occurring.

Remember that you do not have to be sure that abuse or neglect has occurred, but you must have a reasonable suspicion. You can not be punished for reporting child abuse, but if you do not report, you can be punished. Providers can call their Child Protection Services agency anonymously to discuss their concerns. They may also call the Healthline at 1-800-333-3212 to talk about concerns.

General behaviors that suggest abuse or neglect

The following are behaviors that could indicate abuse or neglect:

- Mood swings
- Fear of certain people
- Grouchiness or irritability

- Is "too good," does not test boundaries
- Uses manipulative behavior to get attention
- Low self esteem
- Unexplained developmental delays
- Inability to get along with other children
- Is wary of adult contact, rejects affection
- Has a vacant expression, cannot be drawn out
- Seeks constant affection from anyone or is very clingy
- Complains frequently of stomach aches or other pains; vomits

Remember that all children occasionally act in these ways.

What a child care provider can do to prevent child abuse

Child care settings are the only places where young children are seen on a daily basis over an extended period of time by professionals trained to observe their appearance, behavior, and development. As a child care provider you may be the first person to suspect and report abuse and neglect. You may be the biggest source of support and information available to the parents you serve. You can:

- Give families information on child development and appropriate discipline
- Model good child care practices
- Build a trusting relationship with families and discuss concerns
- Help families establish positive relationships with their children
- Refer families to community resources and support services
- Inform parents that you are required to report suspected child abuse
- Know the signs of parent burnout so you can offer support
- Have a parent-staff workshop with information about the issue
- Educate young children about their right to say no
- Provide training for staff

Indicators of the Three Types of Child Abuse

Physical Signs

Neglect	Physical Abuse	Sexual Abuse
The Child: • Is underweight or small for age • Is always hungry • Is not kept clean • Is inappropriately dressed for weather • Has not received needed medical/dental care	The Child: • Has unexplained bruises or welts in unusual places • Has several bruises or welts in different stages of healing, in unusual shapes or clusters • Has unexplained burns • Has unexplained broken bones or dislocations • Has unexplained bites • Or explanation for injury differs from that of parent or caretaker	The Child: • Has difficulty walking or sitting • Is wearing torn, stained or bloody underwear • Has pain, swelling, or itching of genitals • Has bruises, cuts, or bleeding on genitals or anal area • Feels pain when urinating or defecating • Has a discharge from the vagina or penis, or a sexually-transmitted disease

Behavioral Signs

The Child: • Begs or steals food • Frequently arrives at child care early and leaves later than expected • Has frequent, unexplained absences • Is overtired or listless	The Child: • Tells you he has been hurt by parents or others • Becomes frightened when other children cry • Says the parents or care takers deserve to be punished • Is afraid of certain people	The Child: • Acts withdrawn, over-involved, in fantasy, or much younger than age • Displays sophisticated or bizarre sexual knowledge or behavior • Exhibits excessive or unusual touching of genitals • Tells you that she has a secret she is not allowed to tell anyone • Tries to hurt him/herself

Many of these indicators also occur with children who have not been abused. Look for clusters of indicators and do not reach the conclusion that a child has been abused too quickly.

Indicators of the Three Types of Child Abuse

Physical Signs

Neglect	Physical Abuse	Sexual Abuse
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Behavioral Signs

The Child: • Begs or steals food • Frequently arrives at child care early and leaves later than expected • Has frequent, unexplained absences • Is overtired or listless	The Child: • Tells you he has been hurt by parents or others • Becomes frightened when other children cry • Says the parents or care takers deserve to be punished • Is afraid of certain people	The Child: • Acts withdrawn, over-involved, in fantasy, or much younger than age • Displays sophisticated or bizarre sexual knowledge or behavior • Exhibits excessive or unusual touching of genitals • Tells you that she has a secret she is not allowed to tell anyone • Tries to hurt him/herself

7 Sudden Infant Death Syndrome (SIDS)

Rationale

SIDS is the leading cause of death for infants between the ages of one month and one year of age. It accounts for nearly 3,000 infant deaths each year in the United States. Because more infants are in out-of-home care, many of these deaths occur in the child care setting. By knowing factors associated with increased risk of SIDS and following the American Academy of Pediatrics' recommendations regarding sleep position, child care providers can reduce the risk of SIDS in their facilities.

Learning Objectives

Participants will be able to:

- Identify risk factors associated with SIDS
- Develop a policy regarding sleep position for their child care facility
- Know what to do to reduce the risk of SIDS
- Know how to communicate the risks to parents

Teaching Methods/Suggested Activities

- **Discussion:** Ask what sleep position they had as infants or they used with their babies. Talk about conflict with women in their fifties and older who were taught to always put babies to sleep on their stomach.
- **Lecture:** Review and discuss Sudden Infant Death Syndrome (SIDS).
- **Practice:** Communicate the policy regarding sleep position and why to parents.
- **Question/Answers:** Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #7: *Sudden Infant Death Syndrome (SIDS)*
- Overhead #7: *Facts about SIDS*
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Emphasize the importance of developing a policy regarding sleep position.
- Understand that we can not prevent SIDS; we can only reduce the risk.
- The incidence of SIDS has been reduced by over 50 percent in the U.S. with the widespread use of the back sleep position.
- Parents often fear the back sleep position because they believe it increases the risk of choking on saliva or vomit. This has not been the case as more babies are sleeping on their backs.

Sudden Infant Death Syndrome (SIDS)

What a child care provider needs to know

Sudden Infant Death Syndrome (SIDS) is the sudden, unexpected and unexplained death of an apparently healthy infant that remains unexplained after a thorough post mortem investigation, including an autopsy, examination of the death scene and review of the case history.

SIDS is the leading cause of death for children one month to one year of age. Many more children die of SIDS in a year than die of cancer, heart disease, pneumonia, child abuse, AIDS, cystic fibrosis and muscular dystrophy combined. SIDS causes nearly 3,000 infant deaths each year in the United States. Because more infants are in out-of-home care, many of these deaths occur in the child care setting. Ninety-five percent occur before age six months, with most cases occurring between two and four months of age. The majority of deaths occur during the winter months (October to April).

The cause of SIDS is unknown. While researchers do not know what causes SIDS, they have identified several major factors associated with increased risk of SIDS:

1. Placing a baby on the stomach (prone position) to sleep.
2. Being exposed to tobacco smoke during pregnancy and after birth.
3. Using soft surfaces and objects that trap air or gasses, such as pillows and water beds, in a baby's sleeping area.
4. Overbundling/overheating of a baby, such as too many clothes, blankets and allowing the sleep area to get too hot.
4. Not breastfeeding a baby.

Other risk factors (environmental and behavioral influences that can provoke ill health) are related to the mother's health and behavior during pregnancy, such as young maternal age, poor prenatal care, low weight gain, anemia, use of illegal drugs, not immunizing on time, etc.

What a child care provider can do to reduce SIDS

Develop and follow a policy regarding sleep position in your child care setting. At the present time, SIDS is not preventable. Including the following recommendations in your sleep position policy will *reduce* the risk of SIDS:

- **Place babies only on their backs to sleep.** This recommendation from the American Academy of Pediatrics and the National Back to Sleep Campaign applies to most babies. However, some babies should lie on their stomach (in a prone position), such as those with respiratory disease, symptomatic gastro-esophageal reflux or certain upper airway malformations. Require parents to bring you a written recommendation from their health provider if they say their baby should sleep on her stomach.

- **Use firm, flat mattresses in safety-approved cribs for babies' sleep.** Don't use soft sleeping surfaces and objects that trap gas in the babies' sleeping area. The U.S. Consumer Product Safety Commission has issued advisories for parents on the hazards to infants of sleeping on beanbag cushions, sheepskins, foam pads, foam sofa cushions, waterbeds, synthetic-filled adult pillows and foam pads covered with comforters.

- **Don't smoke.** Provide a smoke-free environment for babies in your care; encourage parents who smoke to quit. Recent research indicates that the risk of SIDS doubles among babies exposed only after birth to cigarette smoke and triples for those exposed both during pregnancy and after birth.

- **Encourage mothers who breastfeed to provide you with bottled breast milk.** Studies show that babies who died of SIDS were less likely to have been breastfed. Breastfeeding prevents digestive and respiratory illnesses and infections.

- **Avoid overheating.** Overheating (too much clothing, bedding that is too heavy and a room that is too warm) may increase the risk of SIDS.

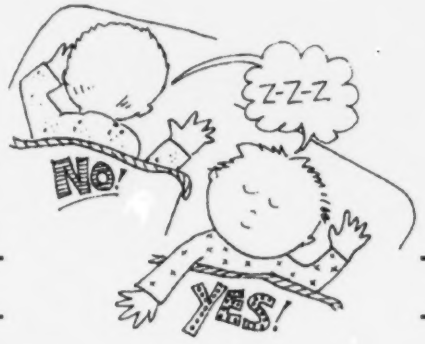
- **Stress the importance of regular checkups and immunizations.**

- **If a child in your care is not breathing and is unresponsive call 9-1-1.** Begin CPR and immediately notify parents.

Facts about SIDS

SIDS IS NOT

- Caused by vomiting or choking
- Caused by minor illnesses or infections
- Caused by vaccines or immunizations
- Contagious
- Child abuse
- The cause of every unexpected infant death



TO REDUCE THE RISK OF SIDS

1. Place babies only on their backs to sleep.
2. Use firm, flat mattresses in safety-approved cribs.
3. Do not smoke. Provide a smoke-free environment.
4. Encourage mothers who breastfeed to provide you with bottled breast milk.
5. Avoid overheating.

8 Burns and Fire

Rationale

Hundreds of children in the United States die and countless others are disfigured every year as a result of burn injuries. To protect children and adults from burns and minimize property damage, child care providers can learn fire safety tips and how to prepare for a fire emergency.

Learning Objectives

Participants will be able to:

- Understand and explain preventive measures that will make their child care facility more fire safe
- Inspect their child care facility for fire hazards
- Identify ways of educating children and staff on burn and fire safety
- Prepare evacuation plans in the event of a fire

Teaching Methods/Suggested Activities

- **Brainstorming:** Have participants list the things that can pose a risk for burns or fires in the facility.
- **Lecture:** Review and discuss the risks and prevention of burns and fires in the child care setting.
- **Question/Answers:** Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #8: *Burns and Fire*
- Overhead #8.1: *Causes of Fire and Burns in the Child Care Environment*
- Overhead #8.2: *Burn and Fire Prevention in the Child Care Environment*
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Emphasize the importance of actively practicing fire and burn prevention.
- Stress the importance of having a plan for fire escape, practicing it with the children, and informing parents of the plan.
- In case of electrical burns, the child should not be touched until contact is broken.

Burns and Fire

What a child care provider needs to know

Children are very vulnerable to fires and burns because of their curiosity and ignorance of the danger of fire. Hundreds of children in the United States die and countless others are disfigured every year as a result of burn injuries. Children ages five or younger are especially vulnerable to burns and have one of the highest fire death rates.

Hot liquids—not fire—are the most common cause of burns to young children. Hot liquids burn like fire and can cause serious and painful burns. However, fires caused by playing with matches and lighters are the number one cause of fire-related deaths among young children.

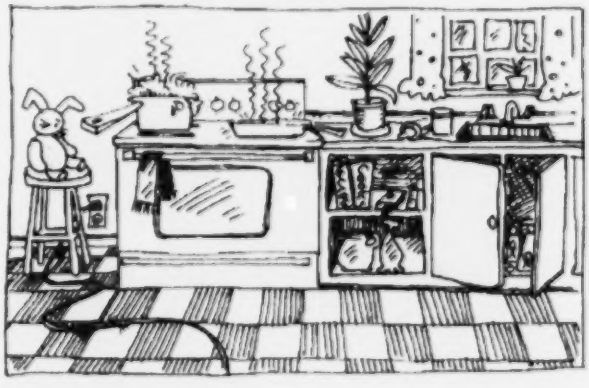
In the child care environment, four types of hazards may contribute to the risk of fire and burns: scalding, contact, electrical and chemical.

Planning ahead and practicing fire prevention skills can reduce the chances of a fire occurring, protect children and adults, and reduce property damage.

What a child care provider can do to reduce burn injuries

As a child care provider, you can take the following steps to reduce the risk of fires and burns in your facility:

1. Provide safety education. Help the children learn about hazards that can cause fires and burns. They should be taught that some objects are off-limits for play.
2. Check for environmental hazards and limit access to burn-producing objects.
3. Safety devices such as smoke alarms and fire extinguishers should be present and in working condition.
4. Plan the escape routes in advance. Children should also have regular practice drills for fire evacuation and should know how to crawl low under smoke, and how to stop, drop to the ground and roll if their clothes catch fire.
5. Model preventive behaviors that will reinforce fire and burn accident prevention.
6. Communicate your prevention activities to parents so they can support your efforts and prevent burns and fires at home.
7. Invite a community service representative from the local fire department to your program for a safety workshop.



Causes of Fire and Burns in the Child Care Environment

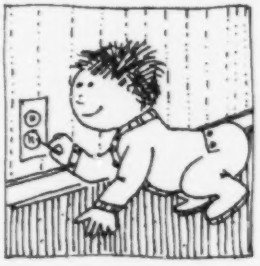
1. Scalding:

- Boiling liquids or food
- Steam
- Hot coffee, tea or cocoa
- Hot tap water

2. Contact

- Hot pan on stove
- Touching fire in fireplace
- Matches, lighters
- Candles or candle wax
- Cigarettes, cigars, pipes
- Flammable clothing, sleeping materials
- Hot playground equipment
- Clothes iron
- Heaters
- Curling irons and hair appliances

3. Electrical



- Sticking a foreign object into an electrical outlet
- Touching a live wire
- Water contact with an electrical appliance

4. Chemical

- Strong household chemicals
- Automobile chemicals
- Lawn and garden chemicals

Burn and Fire Prevention in the Child Care Environment

- Install and regularly check smoke detectors. Check batteries frequently.
- Keep a fire extinguisher on hand, know how to use it and refill it immediately after each use.
- Do not allow children in cooking areas without supervision. Teach them that there are areas of the facilities that are "off-limits" for play and exploration.
- Do not drink or carry anything hot near a child.
- Keep hot foods and drinks away from the edge of tables and counters. Do not leave them on a tablecloth that a child can grab.
- Use the rear burners for cooking. Turn the handles of pots towards the rear or center of the stove.
- Test hot food before giving it to a child. This includes food from a microwave oven.
- Never warm bottles in a microwave oven.
- Put barriers around fireplaces, radiators and hot pipes.
- Teach children to stay away from hot things and not to play with matches, lighters, chemicals and electric equipment.
- Plan a fire escape route and practice it. Train children how to properly respond to a fire (they should know the sound of a smoke alarm, two ways out of every room, how stop, drop and roll, etc.)
- Never use portable, open flame or space heaters.
- Use safety devices to cover electrical outlets. Avoid overloading electrical wiring.
- Lower the temperature of your hot water heater to 120° F or lower. Always check the water temperature before placing your child in the tub. Supervise children in the tub.
- Store matches, lighters, chemicals and other hazardous items out of the reach of children. Check for fire and burn dangers, and make the necessary changes.

9 Mechanical Airway Obstruction: Choking, Strangulation and Suffocation

Rationale

Young children in their first three years of life are at greater risk of choking, suffocation and other mechanical airway obstructions. As a child care provider, you can take some steps to reduce the risk of mechanical airway obstruction in your facility.

Learning Objectives

Participants will be able to:

- Identify foods, toys and objects that pose a risk for mechanical airway obstruction among young children
- Recognize the steps that can be taken to minimize the risk of injuries from mechanical airway obstruction

Teaching Methods/Suggested Activities

- **Brainstorming:** Ask participants to list the food items and other objects that may pose a risk for mechanical obstruction of airway among young children.
- **Lecture:** Review and discuss mechanical airway obstruction including choking, strangulation and suffocation.
- **Question/Answers:** Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #9: *Mechanical Airway Obstruction: Choking, Strangulation and Suffocation*
- Overhead #9: *Possible Choking and Suffocation Hazards*
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Stress that child care providers should use all measures possible to protect the children and prevent injuries. Tools such as observation, supervision and education can provide practices for the providers to ensure safety.
- Emphasize the importance of knowing basic first aid and CPR techniques.
- Insist that parents not permit the child to bring age-inappropriate toys, foods or objects from home that pose a high risk for choking.
- Blown-up balloons are especially dangerous because a piece might choke the windpipe.
- Stress that child care providers not use styrofoam cups. Children like to chew them.

Mechanical Airway Obstruction: Choking, Strangulation and Suffocation

What a child care provider needs to know

Young children in their first three years of life are at greater risk of choking and suffocation. They may choke during meals or during playtime because they use their mouths to explore and experiment with unfamiliar objects. Some situations that are likely to lead to choking on food include eating while rushed, running and laughing.

In the United States, death by choking, strangulation, suffocation or entrapment results in about 700 deaths each year to children and adolescents. Half of these deaths occur in the first year of life and three-quarters occur in children younger than five years.

Food and coins are the most common causes of choking. Children have been strangled by clothing or string around their neck that becomes caught on furniture, playground equipment or some other object. Some consumer products that have strangled children include window-blind cords and the lids of toy chests. Entrapment and asphyxiation can occur in unsafe cribs as well as other household items such as refrigerators, ice chests and clothes dryers. Suffocation can occur if children have access to plastic bags.

Choking and suffocation are frightening because they occur suddenly. Only six minutes without oxygen can cause brain damage in children. The signs of choking and suffocation in children are difficulty speaking or breathing, the inability to cough, wheezing sounds, clutching of throat or gesturing, a bluish face, confusion and unexplained loss of consciousness (this is a very late sign).

What a child care provider can do to reduce this type of injury

You can take the following steps to reduce the risk of mechanical airway obstruction:

- Learn the proper response and techniques for helping choking or suffocating infants and children.
- Foods that are round, hard, small, thick, sticky, smooth or slippery should not be offered to children younger than four years of age. For infants, foods should be cut in small pieces no longer than $^1/_4$" cubes; for toddlers, pieces no longer than $^1/_2$" cubes. Children should not be allowed to eat while walking, running, playing, lying down or riding in a vehicle.
- Objects smaller than 1 $^1/_4$" in diameter should not be accessible to children who put things in their mouths.

- Check toys and equipment regularly for small parts that may break off, such as eyes and noses on stuffed animals, buttons on doll clothes or plastic hats or shoes on miniature people. Remove or securely attach these items.
- Plastic bags, pins, nails and toothpicks should not be accessible to children younger than four years.
- Never use old cribs with bars more than 2 ⅜" apart. Never place a crib near window blinds. Take down hanging toys from across the crib. To prevent a child from suffocation, there should be no more than two fingers in width between the side of the crib and the mattress.
- Secure or shorten window blind cords.

Possible Choking and Suffocation Hazards

Foods

- Big chunks of meat
- Whole grapes and raisins
- Gum
- Hard candy and cough drops
- Hot dogs and sausages cut in rounds
- Lollipops
- Whole olives
- Peanuts, nuts
- Popcorn
- Raw vegetables (carrots, etc.)
- Watermelon seeds
- Spoonfuls of peanut butter
- Dried fruit

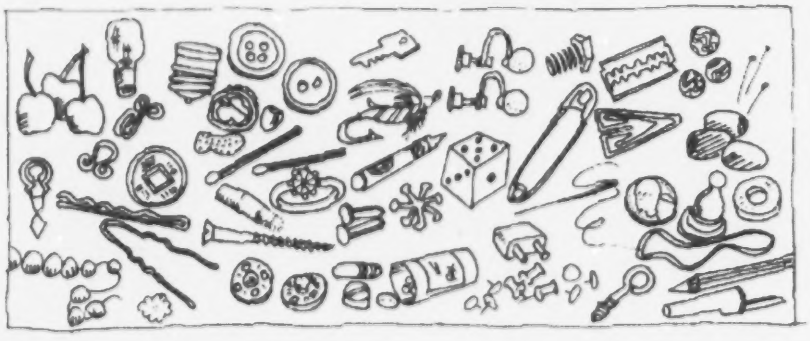
Toys

- Balloons
- Game pieces
- Game tokens
- Jacks
- Marbles
- Plastic bags
- Play jewelry
- Small objects
- Small toys (less than 1 1/2")
- Toy chests with no air holes

Objects

- Pins and nails
- Toothpicks
- Pencils and pens
- Crayons
- Staples
- Coins
- Jewelry

Can you think of any more?



10 Falls

Rationale

Falls are the single greatest cause of injury in the child care environment and the most common injury requiring medical care. Thus the prevention of falls will pose one of the greatest challenges to a safe environment.

Learning Objectives

Participants will be able to:

- Recognize fall hazards in the child care environment
- Reduce the risk of fall injuries through control of the environment and teaching appropriate behaviors

Teaching Methods/Suggested Activities

- **Brainstorming:** Ask participants to list some of the potential danger sites for falls in their child care environment.
- **Lecture:** Review and discuss the risk of falls in the child care environment and what a child care provider can do to reduce them.
- **Group Discussion:** Working in small groups, create children's safety play rules for some of the danger sites in the playground.
- **Question/Answers:** Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #10.1: *Falls*
- Handout #10.2: *Safe Playground Habits*
- Overhead #10: *Fall Prevention*
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Stress that child care providers keep a well-stocked first-aid kit on hand.
- Tell children to notify an adult if they are hurt or if there are equipment problems.
- Stress the importance of dressing children in appropriate clothing that provides ease of movement.

Falls

What a child care provider needs to know

Falls are the single greatest cause of injury in the child care environment and the most common injury requiring medical care. Thus, the prevention of falls will pose one of the greatest challenges to a safe environment.

Although many injuries resulting from falls are minor (cuts and scrapes), many others such as heavy bleeding, broken bones, and head and eye injuries will be more severe and could be potentially life-threatening.

The most common type of fall leading to hospitalization is a fall from one level to another, such as from playground equipment, beds, tables, chairs and stairs. Falls resulting in severe or fatal injuries are usually due to falls from second story (or higher) windows.

Children are capable of falling or hurting themselves at any age. A tiny baby can wiggle, move and push. An older baby can roll over, crawl and creep. Toddlers can climb to get to places that were formerly inaccessible to them.

Indoor furniture and playground equipment are frequently related to injuries from falls. Changing tables vary greatly and can be the cause of an infant's fall if the infant is left unattended. Although baby walkers are tested, they are the cause of more injuries than any other infant equipment. Injuries occur when young children in walkers fall down stairs or off porches. (Walkers are outlawed in child care.)

What a child care provider can do to reduce falls

You know well, as a child care provider, that there is not much you can do to block the activity levels of children in your care. However, you can reduce the risk of injuries through control of the children's environment, by teaching appropriate behaviors (both indoors and outdoors) and by careful supervision.

Modification of equipment and environment:

- Use infant and child equipment that is in good repair and inspected for safety.
- Use durable, balanced furniture that will not tip over easily.
- Get rid of baby walkers.
- Place safety gates at the top and bottom of stairs. Remove all objects from stairs.

- Keep windows screened and latched. Install window guards on upstairs windows.
- Pick up toys when play is finished.
- Pick up other objects from the floor and clean up spills quickly.
- Avoid highly waxed floors and stairways.
- Secure or remove loose mats and rugs.
- Use skid-proof mats or stickers in the bath.
- Keep the area well lit.
- Maintain safe playgrounds. The surface under and around play equipment where children can fall should be shock absorbent and soft (e.g., rubber, sand, pea gravel or wood chips).

Bring about a change of behavior through education and supervision:

- Do not allow climbing on furniture, stools or ladders.
- Never leave toddlers and infants unattended on beds, on changing tables, in play areas or other high places.
- Discourage indoor running.
- Teach children how to play safely, involve them in making rules for playground behavior, and enforce these rules consistently.

Safe Playground Habits

Swings

- Sit in the center of the swing. Never stand or kneel.
- Hold on with both hands.
- Stop the swing before getting off.
- Stay far away from moving swings.
- Be sure only one person is in on a swing at a time.
- Do not swing empty swings or twist unoccupied rings.
- Keep head and feet out of the exercise rings.

Slides

- Wait your turn. Give the person ahead lots of room.
- Hold on with both hands when climbing up.
- Before sliding down, make sure no one is in front.
- Slide down feet first, sitting up, one at a time, unless the slide is double or triple width.
- After sliding down, get away from the front of the slide.

Climbing Apparatus

- Only ___ people at a time. (Fill in your limit.)
- Use both hands and use the lock grips (fingers and thumbs).
- Stay away from other climbers.
- Do not use when wet or hot.

Horizontal Ladders and Bars

- Only ___ people at a time. (Fill in your limit.)
- Everybody starts at the same end and goes in the same direction.
- Use the lock grips (fingers and thumbs).
- Keep a big space between you and the person in front.
- Do not use when wet or hot.
- Drop down with knees bent. Try to land on both feet.

Fall Prevention

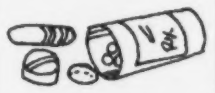
Modification of equipment and environment

- Use child and playground equipment that is safe and well maintained.
- Use durable, balanced furniture that will not tip over easily.
- Get rid of baby walkers.
- Place safety gates at the top and bottom of stairs.
- Keep windows screened and install window guards on upstairs windows.
- Pick up toys and other objects from the floor and clean up spills quickly.
- Secure or remove loose mats and rugs.
- Use skid-proof mats or stickers in the bath.
- Keep the area well lit.
- Use safe playgrounds. The surface under and around play equipment where children can fall should be shock-absorbent and soft.

Bring about a change of behavior through education and supervision

- Do not allow children to climb on furniture, stools or ladders.
- Never leave toddlers and infants unattended on beds, on changing tables or in play areas.
- Discourage indoor running.
- Teach children how to play safely, involve them in making rules for playground behavior, and enforce these rules consistently.
- Remove a misbehaving child from play, and explain how her or his actions could hurt someone.

11 Poisoning



Rationale

In the United States, about 2 million cases of exposure to poisons are reported each year. Children under five years of age are the most likely to be poisoned. Although most poisoning occurs in the child's home, it also can occur in the child care setting.

Learning Objectives

Participants will be able to:

- Know the age at which children are most likely to get poisoned
- Identify what can cause poisoning
- Become familiar with the different ways children can become poisoned
- Understand how to prevent poisonings
- Learn what to do in case a poisoning has occurred or is suspected
- Know the services of the Poison Center and understand when and how to call for assistance

Teaching Methods/Suggested Activities

- **Brainstorming:** Ask participants to list some of the potential poisons in the child care setting (home and center) and where they are usually kept.
- **Lecture:** Review and discuss what a child care provider needs to know about poisons and what she can do to reduce the risk of poisoning.
- **Group Discussion:** Working in small groups, discuss where and how poisonous substances can be safely kept and disposed of.
- **Question/Answers:** Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #11.1: *Poisoning*
- Overhead #11.1: *Ways in Which Poisoning Can Occur*
- Overhead #11.2: *Preventing Poisonings*
- Handout #11.2: *Common Hazardous Household Substances*
- Handout #11.3: *Hazardous Handbag*
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Stress that child care providers should use all measures possible to protect the children and prevent poisoning. Tools such as observation, supervision and education can provide practices for the providers to ensure safety.
- Reducing the number of cleaning products and other toxic substances stored in the environment will reduce the risk of poisoning.

Poisoning

What a child care provider needs to know

The most common emergency involving children is poisoning. In the United States, about 2 million cases of exposure to poisons are reported each year. Children under five years of age are the most likely to get poisoned. They are curious and will eat and drink almost anything—even if it does not taste good.

Although most poisoning occurs in the child's home, it can also occur in the child care setting. Poisons can be found in any room of the house or center, and poisonings can happen anywhere. However, most poisonings occur in the kitchen, bathroom or bedroom and in the presence of mothers or providers, when products are not in their usual storage area and are in direct reach of young children.

Poisonings occur from many common items found in a household or in the child care environment. Items that can be poisonous to a child include medicines (both prescription and non-prescription such as aspirin, cough and cold preparations, vitamins and iron), household cleaning products (such as furniture polishes, detergents and drain cleaners), substances stored in the garage (such as car and gardening products), mushrooms, plants (such as castor beans, foxglove and oleander), cosmetics, batteries, arts and crafts materials, and lead-containing paint, dust and pottery.

Poisoning can occur by ingestion (eating or drinking), absorption (contact with skin, getting in the eyes), inhalation (breathing the fumes), injection (puncture wounds), and animal and insect bites.

What a child care provider can do to reduce poisoning

About 95 percent of all unintentional poisonings can be prevented. Methods of prevention include modification of the environment, and education and supervision for change of behaviors.

Modification of environment

Child care providers should make a room-by-room inspection and evaluate the outdoor play area for potential poisons in the child care environment. Removing all hazards and risks for exposure to poisons provides a protected environment. Poisons should be kept out of sight and reach of children, and in a locked cabinet. Remember what good climbers children can be! Parents and teachers should always put their purses, diaper bags, backpacks, etc. out of reach of the children. Create a special place for parents to place their items when they are just there for a short period.

Supervision

Remember that no area is 100 percent safe. Good safety practices and supervision help prevent accidents involving poisoning. Adult supervision is the number one method of preventing poisonings among small children. Discourage children from mouthing paint brushes, fingers, crayons or other objects and materials. Never call medicine "candy."

Education

Teach poison prevention to children and staff. Teach children never to put anything other than clean food into their mouths.

Be prepared

Children act fast, and so do poisons. Even when people are very careful, poisoning exposures can occur. It is important to be prepared before something happens:

1. Attach the phone number of the Poison Center to the telephone (call 800-582-3387 to request telephone stickers). Call the emergency number 800-876-4766 if a poisoning exposure occurs.
2. Have a bottle of Syrup of Ipecac in the first-aid kit at your facility. Larger facilities may need several bottles. Syrup of Ipecac causes vomiting and should only be used on the recommendation of the Poison Center or child's doctor. There are poisons and situations where it is dangerous to induce vomiting.
3. If a poisoning occurs, do not panic. Do not follow the first-aid procedures recommended on the product as they may be incorrect. If the child is in obvious distress, call 9-1-1 for help. Otherwise, call the Poison Center for advice and document the incident and your actions. Call the parent.

Ways in Which Poisoning Can Occur

1. **Ingestion** occurs by eating or drinking. Children are attracted to bright colorful packages, pills and odd shapes. They often mistake pills and vitamins for candy. Approximately 85 percent of poisonings occur through ingestion.

2. **Absorption** occurs when poisonous substances such as pesticides or plants come in contact with a person's skin or eyes. In this type of indirect poisoning, the poison is absorbed through the skin or mucous membrane into the blood stream.

3. **Inhalation** occurs when children breathe fumes from carbon monoxide, pesticides, certain types of art materials or dust that may contain lead. The air is exchanged in the lungs and comes in direct contact with the blood stream.

4. **Animal and insect bites** can cause an allergic reaction, but they can also be very toxic and can lead to death. These include ticks which cause Lyme disease or Rocky Mountain spotted fever, and reptiles such as rattlesnakes. (For information on infectious diseases caused by pets and pests please see *Prevention of Infectious Disease: A Curriculum for the Training of Child Care Providers*).

5. **Injection** occurs when there is a puncture wound. The danger may come from the substance that was injected or from the threat of tetanus. Today there is an extra threat of children finding needles that have been used to inject drugs. An incident like this can cause the child to be exposed to HIV, hepatitis B or other infections.

Preventing Poisonings

- Always supervise children in your care. They act fast, and so do poisons.
- Inspect your child care facility from a child's-eye view.
- Remove poisons or lock them up, out of sight and reach of children.
- Select products with child-resistant covers.
- Return products to safe storage immediately after use.
- Read and follow label directions on all products before using.
- Never tell children that medicine or vitamins are candy.
- Never take medicine in front of children. They often imitate adults.
- Keep all purses, diaper bags and backpacks out of reach of children.
- Get rid of old medicines. Properly discard outdated medicines.
- Store hazardous household products and food in separate areas.
- Keep products in original containers. Never put them into food containers.
- Do not turn your back on a child when a hazardous product is in use.
- Discourage children from mouthing paintbrushes, fingers, crayons or other objects and materials.
- Label indoor and outdoor plants for quick and easy identification.
- Keep all toxic plants up high and out of reach of children.
- Teach children not to put any plant parts in their mouth.
- Keep the phone number of the Poison Center attached to the telephone.
- Teach poison prevention to children and their parents.
- Keep a bottle of Syrup of Ipecac at your facility.
- Act immediately when prevention fails.

Common Hazardous Household Substances

Check for these poisonous products . . . then lock them up or throw them away

Kitchen
- ammonia
- carpet and upholstery cleaners
- cleaning fluid
- cleansers and scouring powders
- drain cleaner
- furniture polish
- metal cleaners
- oven cleaners
- powder and liquid detergents
- rust remover
- vitamins

Bedroom
- cologne/perfume
- cosmetics
- medications

Garage, Basement, Workshop
- antifreeze
- arts and crafts supplies
- adhesives/ glues
- fertilizer
- gasoline and oil
- kerosene
- lighter fluid
- lime, cement, mortar
- paint, remover and thinner
- pesticides/garden sprays
- turpentine
- windshield cleaner

Bathroom
- aftershave
- bath oil
- deodorant
- hair dyes
- hair remover
- nail polish and remover
- permanent wave solution
- room deodorizer
- rubbing alcohol
- shampoo
- shaving lotion
- toilet bowl cleaner

General
- alcoholic beverages
- batteries
- flaking paint

Closets, Attic, Storage Places
- moth balls and sprays
- rat, mouse and ant poisons

Purse
- cigarettes
- cigarette lighters
- medicines
- perfume

Laundry
- bleach
- bluing, dyes
- disinfectants
- powder and liquid detergents
- stain remover

Disposal of Household Products

= Considered Hazardous Waste. Your County Health Department should be able to advise you on proper disposal.

= Product can be put in the garbage can.

= Product can be flushed down the toilet or poured down the drain, diluted with lots of water.

Courtesy of the California Poison Control System

Hazardous Handbag!

Baby powder: inhaling or swallowing particles of talc can cause chemical pneumonia
Analgesic cream: may cause gastrointestinal problems & aspirin toxicity
Perfume: contains alcohol, ingestion may result in intoxication
Mouthwash: may contain alcohol, intoxication possible with large ingestion
Handcream: large ingestion may cause gastrointestinal symptoms & diarrhea
Nail polish remover: may cause gastrointestinal irritation & intoxication
Prescription medication: may cause severe problems or death depending on medication
Hairspray: if misdirected, may irritate eyes
Insect repellent: may cause skin irritation
Nail polish: may cause gastrointestinal irritation
nail polish remover
Nail file: may cause piercing or penetration injury
Over-the-counter cold medicine: may cause agitation, seizures, or drowsiness
Pepper spray: may irritate eyes, skin & cause respiratory problems
Marker cap: may be choking hazard
Paper clips/coins: may be choking hazards
"Chocolate" laxative: may cause severe diarrhea
Nasal spray: may cause heart problems or seizures
Eye drops: if ingested, may cause "jitters," heart problems & shock

Suzanne Bradley, RN, C-PN, AAP • Daniel Lewis, RN • Betty Weiger, Central PA Poison Center

Courtesy of the Central PA Poison Center

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12 Oral/Dental Injury

Rationale

Most oral/dental injuries occur in children and adolescents. Child care providers can help promote children's dental health and prevent most oral injuries.

Learning Objectives

Participants will be able to:

- Identify the common oral injuries and emergencies that children might face
- Know safety rules children need to learn in order to prevent oral injuries
- Provide first-aid information in case minor dental injuries occur

Teaching Methods/Suggested Activities

- **Brainstorming:** Ask participants to list some of the oral/dental injuries they have seen in the child care setting.
- **Lecture:** Review and discuss oral injuries, and what child care providers can do to reduce them.
- **Question/Answers:** Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #12: *Oral/Dental Injuries*
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Emphasize the importance of general safety measures.

Oral/Dental Injuries

What a child care provider needs to know

Most oral/dental injuries occur in children and adolescents. One out of three children may have signs of dental injury and about 80 percent of all fractured teeth occur in children. Injury rates increase with age (with the most incidents at 2 to 4 and 8 to 10 years of age) due to children's involvement in more active physical play, and it appears that boys have more injuries than girls.

Indoor and playground falls, involvement with another child, colliding with objects, and injuries related to transportation are the most common causes of oral injuries, with the upper front teeth being most often involved.

The most common oral injuries and dental emergencies a child care provider might have to deal with include a broken tooth, a knocked-out permanent tooth, a cut or bitten tongue, lip or cheek, a broken jaw, bleeding after a baby tooth falls out, tooth-ache and objects caught between teeth.

To apply proper dental first aid, child care providers can add the following items to their general first-aid-kit:

- Dental floss, interdental cleaner or toothpicks for removing objects from between teeth
- Dental wax for stopping irritation to the cheeks or gums from a chipped tooth
- Hank's Balanced Salt Solution (or a commercial preparation designed to preserve teeth) and whole cold milk for temporarily storing a knocked-out tooth.

What a child care provider can do to reduce oral/dental injuries

Child care providers can help promote children's dental health and prevent most oral injuries. Children and their parents should be educated early about the importance of the prevention of oral and facial injuries. By learning and practicing these safety rules, children will be in a better position to decrease the incidence of oral and facial injuries during play and recreational activities:

- Never hit or push another playmate.
- Do not hit a can or bottle while another playmate is drinking from it.
- Do not push down another playmate's head while s/he is drinking from a water fountain.
- Follow playground safety rules.
- When walking or running, watch out for trees, stumps and other objects in your path.

If a child has a toothache or other apparent dental emergency, suggest that the parent take the child to the dentist as soon as possible. Remember to remain calm and:

- Clean the area around the sore thoroughly, using disposable gloves.
- Rinse the mouth with warm water to clean out any debris.
- Apply ice to reduce swelling from injury.
- Do ***not*** place aspirin on the aching tooth or gum tissues. Aspirin substitute (acetaminophen such as Tylenol™) may be given to relieve pain if requested by parents.
- In case of a knocked-out tooth, find the tooth. Do not handle it by the root. ***Save the tooth*** in Hank's Solution, whole cold milk, a commercial preparation designed to preserve teeth, or water (these steps are for permanent teeth only and do not apply to baby teeth). Sometimes permanent teeth can be replanted in the jaw. Seek dental care immediately.
- If a fractured jaw is suspected, do not move the jaw.

13 Shaken Baby Syndrome

Rationale

Infants and young children up to age five are vulnerable to head trauma and brain damage that affect different parts of their body. Shaking can cause partial or total blindness, deafness, learning problems, retardation, cerebral palsy, seizures, speech difficulties and death. It is very important that child care providers, parents and other adults know about this kind of injury and never, ever shake a baby or young child for any reason.

Learning Objectives

Participants will be able to:

- Understand and explain the term "Shaken Baby Syndrome"
- Know the damage caused by shaking or tossing a baby
- Understand how to prevent Shaken Baby Syndrome

Teaching Methods/Suggested Activities

- **Lecture:** Review and discuss the risks of shaking a baby and how to prevent this type of injury.
- **Question/Answers:** Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #13: *Shaken Baby Syndrome*
- Overhead #13: *Preventing Shaken Baby Syndrome*
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Shaken Baby Syndrome can also occur from rough play such as tossing children up in the air.
- Activities that may cause Shaken Baby Syndrome include jogging while carrying an infant on the back or shoulders, riding a horse, spinning a child around, etc.

Shaken Baby Syndrome

What a child care provider needs to know

The term "Shaken Baby Syndrome" (SBS) describes the consequences which occur when a young child's head is whiplashed back and forth during shaking. Babies and young children have very weak neck muscles that only gradually develop the strength to control their heavy heads. If shaken, their heads wobble rapidly back and forth, which can result in the brain being bruised from banging against the skull wall.

Infants and young children up to age five are vulnerable to head trauma, and different parts of their body can be affected. Shaking can cause brain damage, partial or total blindness, deafness, learning problems, retardation, cerebral palsy, seizures, speech difficulties and death.

Generally, shaking happens when someone gets frustrated with a baby or small child. Usually the shaker is fed up with constant crying. Some babies cry a lot when they are hungry, wet, tired or just want company. Some infants cry at certain times. Feeding and changing them may help, but sometimes even that does not work.

Many adults enjoy tossing children in the air, mistaking the child's excitement and anxious response for pleasure. Tossing children, even gently, may be harmful and can cause major health problems later on in life.

Damage from shaking may not be noticeable for years. It could show up when the child goes to school and is not able to keep up with his classmates.

What a child care provider can do to reduce Shaken Baby Syndrome

You can do many things to prevent Shaken Baby Syndrome:

- Never shake a baby—not in anger, play, or for any reason. Remember, no matter how angry or impatient you feel, never shake a baby.
- Avoid tossing small children into the air.
- If a young child in your care cries a lot, try the following:
  - Feed the baby slowly and burp the baby often.
  - Offer the baby a pacifier, if supplied by parents.
  - Hold the baby against your chest and walk or rock him/her.
  - Take the baby for a ride in a stroller or car, or put her in a baby swing.
  - Be patient. If you find you cannot calmly care for the baby or have trouble controlling your anger, take a break. Ask someone else to take care of the baby or put him in a safe place and let him cry it out.
  - No matter how impatient or angry you feel, never shake a baby.

Preventing Shaken Baby Syndrome

Never shake a baby—
not in anger, play or for any reason.

If a young child in your care cries a lot, try the following:

- Feed the baby slowly and burp the baby often.
- Offer the baby a pacifier, if supplied by parents.
- Hold the baby gently against your chest and walk or rock him/her.
- Take the baby for a ride in a stroller or car, or put her in a baby swing.
- Be patient. If you find you can not calmly care for the baby or have trouble controlling your anger, take a break. Ask someone else to take care of the baby or put him in a safe place and let him cry it out.

No matter how impatient or angry you feel, never shake a baby.

14 Drowning

Rationale

Drowning is a major cause of death among children under five years of age in California. Water safety presents a particular challenge to California child care providers.

Learning Objectives

Participants will be able to:

- Understand and explain the hazards related to drowning
- Know who is most at risk from drowning
- Understand how to prevent drowning
- Know what to do in case of a water emergency

Teaching Methods/Suggested Activities

- **Brainstorming**: Ask participants to list where water might be found in the child care environment that could pose a risk for drowning.
- **Lecture**: Review and discuss risks of drowning and how to prevent it.
- **Question/Answers:** Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #14.1: *Drowning*
- Handout #14.2: *Preventing Drowning*
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Maintain adequate ratios of staff to children at all times.

Drowning

What a child care provider needs to know

Drowning is a major cause of death among children under five years of age in California. Water safety presents a particular challenge to California child care providers. Most drownings in this age group occur in home swimming pools. Water-filled bathtubs, wading pools, toilets, buckets or other containers are also places where young children can drown.

Children between the ages of one and four years are at greatest risk from drowning. These children are just learning to walk and explore. They excel at getting out from under the watchful eye of the provider.

Small children are top-heavy; they tend to fall forward and head first when they lose their balance. They do not have enough muscle development in their upper body to pull themselves up out of a bucket, toilet or bathtub, or for that matter, any body of water. Even a bucket containing only a few inches of water can be dangerous for a small child.

Wading in bodies of fresh water may carry the additional risk of injury from cuts, puncture wounds and infections. Standing bodies of water such as swimming pools, wading pools and hot tubs also have the potential for spreading disease, so they are not recommended for use with young children. Instead, the use of sprinklers is recommended.

What a child care provider can do to reduce the risk of drowning

Reduce water hazards and prevent access to water.

Safety precautions must be taken to keep any water in the child care environment as risk-free as possible. Since any body of water poses a threat and young children can drown in as little as one inch of water, the outdoor environment should be thoroughly screened to detect hazards that may lead to the risk of drowning.

Promote safe behaviors.

Children themselves pose a threat when a body of water is present in the outdoor environment. They move fast, are curious and do not understand their physical abilities. The majority of drownings occur within a surprisingly short period of time. Never, ever, leave a child alone, even for a moment, when there is a body of water in the outdoor environment. When outdoors and near the water, always reinforce safety for the children. If the children are allowed to play in water, plan this activity for the time when they are the least tired and the most alert. Teach children safe practices for swimming and playing in the water to further protect them. Have a telephone with in easy reach at all times. Never leave the area when children are present for a moment, even to answer the phone.

Learn the proper response if there is a water emergency. Act immediately.

- Pull the child from the water and place the child on his/her back.
- Check for breathing, and clear the mouth and nose of any obstructions.
- Get another adult to call for emergency help.
- Begin rescue breathing or CPR as needed until the child is revived or help arrives.

Preventing Drownings

- Never leave a child alone in or near any body of water (tub, wading pools, shower, pool or even a bucket).
- Latch toilet-seat covers down when not in use.
- Always provide careful, direct and constant supervision of young children if there is a body of water present in the outdoor environment.
- Never expect swimming instruction to eliminate the risk of drowning in children.
- Supervise children in the water even if they are wearing flotation devices. These devices are not substitutes for constant supervision.
- Any hazard should be enclosed with a fence that is at least five feet tall and difficult to climb. A door or sliding-glass door is not a safe substitute for a fence.
- Gates should have locks that are at least 55" high and self-closing. Keep gate keys in a safe place away from children.
- Never leave pool covers partially in place because children can become trapped beneath them. Pool covers are not a substitute for fencing.
- Keep chairs, tables and climbing equipment away from pool fences to prevent children from climbing over the fence into the pool.
- Learn CPR and keep rescue equipment at poolside, including a life preserver, shepherd's crook and cordless telephone.
- If a portable wading pool is used in child care (although it is not recommended), it should be filled with water, used immediately and drained and put away as soon as children leave the pool.
- Never leave infants or children unattended around five-gallon buckets containing even a small amount of liquid. Empty all buckets when not in use.
- Children with seizure disorders are particularly vulnerable to drowning. Know your children's medical history.
- Teach your children water safety behaviors (e.g., not to run, push or play around swimming areas; not to bring glass or bottles near swimming or wading areas; not to swim with anything in their mouths; not to swim in very cold water because it increases the risk of drowning; to be on the lookout for other children who might be in danger; not to go near a pool unless supervised; not to scream for help unless they mean it; not to roughhouse or fool around in water, etc.).
- Keep in mind that young children who have had swimming lessons are more at risk because of over-confidence.

15 Firearm Injuries

Rationale

Firearms are a major cause of injury and death for American children. As a child care provider, you have a major part to play in preventing injuries from firearms and reducing gun violence.

Learning Objectives

Participants will be able to:

- Understand and explain the risks of firearm injuries
- Know who is most at risk
- Identify the steps they can take to prevent firearm injuries and gun violence
- Know what to tell children and parents

Teaching Methods/Suggested Activities

- **Role Play:** Ask participants if they remember a recent incidence of firearm injuries involving children in their community and discuss their values about guns.
- **Lecture**: Review and discuss the risk of injuries from firearms and how to prevent them.
- **Question/Answers**: Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #15: *Firearm Injuries*
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- The safest thing for a family is not to keep a gun in the home.
- Stress the importance of teaching skills that will keep your children safe around guns.
- Consider the realistic appearance of some toy guns.

Firearm Injuries

What a child care provider needs to know

Firearm injuries in the United States have become a leading cause of death during childhood and adolescence. Firearms are responsible for over 38,500 deaths each year. Injuries resulting from firearms are estimated to be five times higher than deaths from firearms. California is losing hundreds of children to guns every year (nearly two children die every day in California from guns).

A study by the Centers for Disease Control and Prevention (CDC) indicated that American children are 12 times more likely to die from a firearm injury than children in other industrialized countries. The majority of deaths are from handguns rather than rifles or automatic weapons.

Firearm-related deaths begin in infancy, increase throughout childhood, and peak during the teenage and young adult years. Children explore everything and can unintentionally injure themselves or others with a firearm. Because of the way guns are represented on television and in movies, and because they are sold as toys, your children may not know that guns are dangerous. The availability of guns dramatically increases the chance of deaths and injuries. Guns are much more likely to hurt and kill children than protect them.

Violence is related to many issues, including poverty, unemployment, drugs, alcohol, child abuse and failure in school. Nevertheless, the presence of guns increases the likelihood that violence will result in a fatal injury.

What a child care provider can do to reduce the risk of firearm injuries

Gun violence is now considered a public health problem as well as a criminal justice problem. Firearm injuries should be addressed and dealt with in the same way that other types of injuries are being addressed. As with motor vehicle injuries, we must use education, product modification, environmental modification, legislation and regulation to reduce firearm injuries and deaths.

As a child care provider you play a major role in preventing injuries from weapons and reducing gun violence. You may start to reduce the risks by taking the following steps:

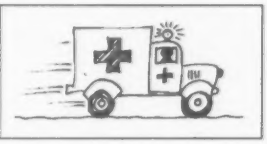
Do not keep guns and any other weapons in the child care setting.
Use alternate means of protection. Inform parents that a gun in the home increases the risk of suicide, domestic homicide and accidents. If they must keep a gun at home, it should be kept out of reach of children, unloaded and locked. Guns and bullets should always be stored and locked separately.

Make sure that your children know the dangers of guns and not to touch or handle guns.
Teach children that guns are dangerous and can harm them. Tell them that guns are for adults, not children. If they see a gun they should stop what they are doing, not touch the gun, leave the area immediately and tell a trusted adult. Read and discuss age-appropriate books about guns with children.

Do not allow the use of toy guns, swords, knives and other toy weaponry in the child care setting.

Promote healthy ways to express anger and disagreement.
Support children in using positive means of resolving conflict such as talking about feelings, making choices to avoid fights, and getting help from a trusted adult. Talk to children about guns and violence. Talk to children about the differences between media violence and violence in real life. Explain that in reality, guns can kill or cause long-term disabilities. Even small children can understand this, and healthy responses learned at this age can last a lifetime. Help parents understand the importance of these lessons.

16 Emergency Procedures



Rationale

No matter how careful and safety conscious you are, an injury emergency can still occur. In order to reduce risk, child care providers should develop and follow their safety policy for emergencies.

Learning Objectives

Participants will be able to:

- Understand and discuss safety policies for response to accidental injuries and other emergencies
- Realize how to prepare for emergencies
- Know what to do in the event of an emergency
- Explain how to assess the injury event
- Describe emergency procedures
- Maintain a first-aid kit
- Know how to prepare for an earthquake and other natural disasters

Teaching Methods/Suggested Activities

- **Lecture/Video**: Review and discuss emergency procedures.
- **Group Discussion**: Working in small groups, discuss common earthquake hazards and procedures to reduce those hazards.
- **Question/Answers**: Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #16.1: *Emergency Procedures*
- Handout #16.2: *Outline of Emergency Procedures*
- Handout #16.3: *Contents of First-Aid Kit*
- Handout #16.4: *Earthquake and Disaster Preparedness*
- Handout #16.5: *Young Children and Natural Disasters*
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Emphasize the need for supervision, observation and education for basic response procedures for childhood injuries and accidents.
- Emergency phone numbers should always be in sight and up to date. Post emergency numbers next to your phone.
- Suggested video: *Earthquake Preparedness, What Every Childcare Provider Should Know*, a video developed by the Bay Area Regional Earthquake Preparedness Project, Governor's Office of Emergency Services, Oakland, CA.

Emergency Procedures

What a child care provider needs to know

Despite reducing risks in the child care environment, there will be times when emergencies occur. Earthquakes and other emergencies such as gas leaks, choking, motor vehicle and playground accidents can happen any time. Sometimes chronic illnesses and childhood disease may turn into an emergency. Child care providers need to be prepared to deal with such emergencies.

In order to provide maximum protection, providers need to plan for life-threatening emergencies and be trained to deal with them.

Your senses are a good tool for recognizing the existence of an emergency. Excessive bleeding, difficulty in breathing, and ingestion of or direct contact with poison always present emergency conditions that require prompt action.

What a child care provider can do to be prepared

Develop and follow your safety policy for emergency procedures. No matter how careful and safety-conscious you are, an injury emergency can still occur. In order to reduce that risk, child care providers should develop and follow their safety policy for emergency procedures. The policy may cover areas such as planning for basic training, emergency information, emergency back-up, evacuation, first-aid kits and emergency response procedures. Be sure parents know the procedures and cooperate in teaching their children about them.

Prepare for an emergency

In addition to specifying emergency procedures, you should take the following steps to prepare for potential emergencies:

- All staff should be trained in pediatric first aid (including rescue breathing and first aid for choking), prevention of injuries and prevention of infectious disease.
- Maintain a first-aid kit with all needed supplies within easy reach at all times.
- Keep information where you need it (e.g., place a list of emergency telephone numbers of the children and emergency resources and a copy of your emergency procedures near each telephone for quick reference).
- Have important forms such as parental permission forms accessible.
- Your program should develop a standardized injury report form for reporting all injuries or illnesses that require first aid or additional care. Give one copy of the report to the child's parent and keep another copy in the child's folder. Find out which incidents or injuries must be reported to state or local authorities. Child care licensing has forms available.

In the event of an emergency in your child care environment, remember these three important things:

1. Keep calm. If you panic, the children are likely to panic, too.
2. Follow your emergency procedures.
3. Act quickly.

Assess the injury event

Whenever you are faced with an emergency situation, follow these steps:

1. ***Survey the scene.*** Prevent injuries to the rescuer or messenger.
2. ***Find out what happened.*** Who is hurt? How? What caused this?
3. ***Check for life-threatening problems.***
4. ***Call the Emergency Medical Services (EMS) system (9-1-1) for help if needed.***
5. ***Comfort and reassure the victim.***
6. ***Check for injury.*** Do a secondary survey for specific injuries. Look, listen and feel, but do not move the victim.

Outline of Emergency Procedures

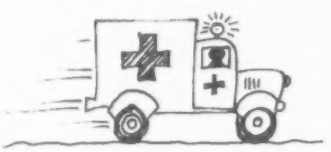
1. Remain calm. Reassure the victim and others at the scene.

2. Stay at the scene and give help until the person assigned to handle emergencies arrives.

3. Send word to the person who handles emergencies for your program. This person will take charge of the emergency, assess the situation, and give any further first aid as needed.

4. Do not move a severely injured or ill person except to save their life.

5. If appropriate, phone for help. Give all the important information slowly and clearly. To make sure that you have given all the necessary information, wait for the other party to hang up first. Arrange for transportation of the injured person by ambulance or other such vehicle, if necessary. Do not drive unless accompanied by another adult. Bring the Emergency Transportation Permission Form with you.



6. Do not give any medication unless authorized by the local Poison Control Center (for poisoning) or physician (for other illness).

7. Notify parent(s) of the emergency and agree on a course of action with the parent(s).

8. If a parent cannot be reached, notify parent's emergency contact person and call the physician shown on the child's Emergency Transportation Permission Form.

9. Be sure that a responsible individual from the program stays with the child until the parent(s) take charge.

10. Fill out the accident report within 24 hours. File it in the child's folder. Give the parent(s) a copy, preferably that day. Note injury information in a central injury log.

Contents of First-Aid Kit

Item	Date Checked (Restock after each use and inventory monthly)
Disposable, nonporous gloves (to protect hands from contact with blood or body fluids)	
Sealed packages of antiseptic (for cleaning)	
Scissors (to cut tape or dressing)	
Tweezers (to remove splinters)	
Thermometer (for taking temperature)	
Bandage tape (to hold gauze pads or splint in place)	
Sterile gauze pads (to clean injured areas and cover cuts and scrapes)	
Flexible roller gauze (to hold gauze pad, eye pad or splint in place)	
Triangular bandage (to support injured arm or hold a splint in place)	
Safety pins (to pin triangular bandage)	
Eye dressings (to cover both eyes if a foreign body is present and cannot be removed)	
Pen/pencil and note pad (to write down information and instructions)	
Syrup of ipecac (to be used only with instruction from or poison control center—check expiration date)	
Cold pack (for bumps and bruises when away from ice)	
Current American Academy of Pediatrics or American Red Cross Infant/Child first aid resource or equivalent guide (instructions)	
Coins (for use in pay phone)	
Poison control telephone number	
Water (bottled or a water source for cleaning injured areas and handwashing)	
Small plastic metal splint (to immobilize an injured finger)	
Soap (to wash hands or injured area)	
Bee/insect sting kit (if child with severe allergy is in care). Be sure to keep written instructions for use with the medication.	
Initials of person who checked	

KEEP OUT OF THE REACH OF CHILDREN

Courtesy of Model ChildCare Health Policies

38 BEST COPY AVAILABLE

Earthquake and Disaster Preparedness

What you can do before an earthquake

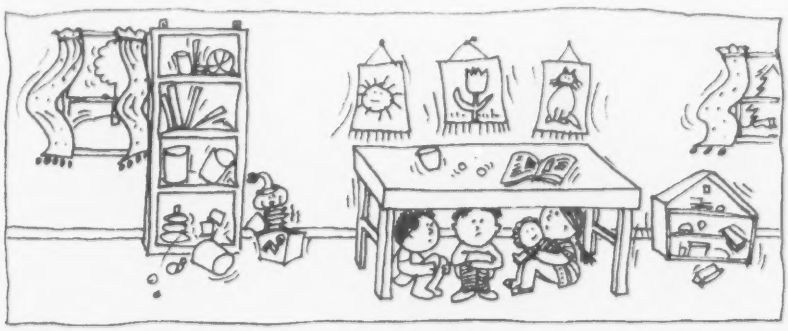
1. Prepare your facility and its contents (e.g., move heavy objects to lower shelves, fasten bookcases/tall cabinets to the wall, move beds/cribs away from windows).
2. Have frequent drills—at least quarterly.
3. Talk to parents about emergency plans and encourage them to practice at home to reinforce.
4. Prepare an emergency kit for your program and small kits in each child's cubby.

What you can do during an earthquake

1. Duck, cover and close your eyes. If you are under a heavy piece of furniture, hold onto the legs. Do not move until the shaking stops and keep the children as close as possible.
2. If you are outside, stay away from overhead power lines, trees and overpasses. Duck and cover.
3. If you are in a car, pull over to the side. Stay away from overhead power lines, trees and overpasses. Stay in the car until the shaking stops.

What you can do after an earthquake

1. Be prepared to duck and cover if there are aftershocks.
2. Attend to the first-aid needs of injured children and staff.
3. Account for children; locate missing children and staff.
4. Extinguish small fires. Check for damage to utility systems and appliances; if necessary, shut off the main power, gas and water. Shut off the gas only if you can smell it or hear it leaking.
5. Calm and reassure frightened children.
6. If you think that the building and/or its contents are too damaged, leave the building. If you must leave the area, place a note for the parents.



Young Children and Disasters

Disasters and Trauma

After experiencing a disaster—whether it is a flood, earthquake, fire, hurricane or bombing—children may react in ways that are difficult to understand. Even if you or your child were not physically injured, the emotional response can be strong. They may act clingy, irritable or distant, and although they are very young and do not seem to understand what is going on, they are affected as much as adults. Adult fears and anxieties are communicated to children in many ways. The experience is more difficult for them, as they do not understand the connection between the disaster and all the upheaval that follows. They need reassurance that everything is all right.

There is a wide range of "normal" reactions for children following a disaster, most of which can be handled with extra support at home, child care and school. In some cases, professional intervention may be needed, despite everyone's best efforts. Early intervention can help a child avoid more severe problems.

Message to Parents

Some ways to provide reassurance after a disaster are:

- Try to remain calm.
- Remember the effect and anxiety produced by watching television coverage or listening to the radio. Keep TV/radio/adult conversations about the disaster at a minimum around young children.
- Spend extra time being close to your child(ren).
- Answer all questions as honestly and simply as possible. Be prepared to answer the same questions over and over. Children need reassurance to master their fears.
- Spend extra time with your child at bedtime—soothing and relaxing time—talking, reading or singing quietly.
- Spend extra time with your child when bringing them to child care—they may be afraid you will not come back.
- Try to return to a normal routine as soon as possible to restore a sense of normalcy and security.
- Don't promise there won't be another disaster. Instead, encourage children to talk about their fears and what they can do to help in case of disaster. Tell them you will do everything you can to keep them safe.

- Be patient and understanding if your child is having difficulties.
- Never use threats. Saying, "If you don't behave an earthquake will swallow you up," will only add to the fear and not help your child behave more acceptably.
- Consider how you and your child can help. Children are better able to regain their sense of security if they can help in some way.
- Share your concerns with your child's teacher or child care provider. Consider assistance from professionals trained to work with disaster victims.

Message to Child Care Providers

You can be a support and resource to parents by helping them understand behavioral and emotional responses. Be sensitive to how parents feel when they are separated from their children in a disaster. It may be very helpful for parents, children and you to take some extra time when dropping off children in the morning. A group meeting to reassure parents, discuss your response to their children's reactions, and review your emergency plan will help everyone feel more secure.

Help children cope by reenacting how the disaster felt and talking about their fears so they can master them. Talk about being afraid, and practice what you will do the next time a disaster strikes. Because young children think the world revolves around them, children may need reassurance that they did not cause the disaster.

Consider referring a family for professional help if any of the behaviors on the following page persists two to four weeks after the disaster. Children who have lost family members or friends, or who were physically injured or felt they were in life-threatening danger, are at special risk for emotional disturbance. Children who have been in previous disasters or who are involved in a family crisis may also have more difficulty coping.

Typical Reactions of Children Ages 1 to 5 Following a Disaster

Regressive Reactions	Physiological Reactions	Emotional/Behavioral Reactions
• Resumption of bedwetting • Thumbsucking • Fear of darkness • Fear of animals • Fear of "monsters" • Fear of strangers	• Loss of appetite • Overeating • Indigestion • Vomiting • Bowel or bladder problems (e.g. diarrhea, constipation, loss of sphincter control) • Sleep disorders and nightmares	• Nervousness • Irritability • Disobedience • Hyperactivity • Tics • Speech difficulties • Anxiety about separation from parents • Shorter attention span • Aggressive behavior • Exaggeration or distortion of disaster experience • Repetitive talking about experiences • Exaggeration of behavior problems

Typical Reactions of Children Ages 5 to 11 Following a Disaster

Regressive Reactions	Physiological Reactions	Emotional/Behavioral Reactions
• Increased competition with younger siblings • Excessive clinging • Crying or whimpering • Wanting to be fed or dressed • Engaging in habits they had previously given up	• Headaches • Complaints of visual or hearing problems • Persistent itching and scratching • Nausea • Sleep disturbance, nightmares, night terrors	• School phobia • Withdrawal from play group and friends • Withdrawal from family contacts • Irritability • Disobedience • Fear of wind, rain, etc. • Inability to concentrate and drop in level of school achievement • Aggressive behavior • Repetitive talking about their experiences • Sadness over losses

17 Toy Safety

Rationale

Playing with toys sparks creativity and gives children an opportunity to experiment, develop new skills, and experience a sense of accomplishment and energy. However, some toys can harm children. Child care providers can reduce cases of deaths and injuries related to toys.

Learning Objectives

Participants will be able to:

- Understand and explain the benefits and hazards related to toys
- Understand what age-appropriate toys are
- Know what types of toys can cause injuries and how
- Know how to examine toys for hazards

Teaching Methods/Suggested Activities

- **Brainstorming:** Ask participants to list hazards related to toys.
- **Lecture:** Review and discuss risks related to toys and how to prevent them.
- **Group Discussion:** Working in small groups, discuss why children should not be allowed to play with toy guns.
- **Question/Answers:** Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #17.1: *Toy Safety*
- Handout #17.2: *Toy Safety Checklist*
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Emphasize that toy guns should not be used in the child care environment.
- Select age appropriate toys.
- Check condition of toys regularly.

Toy Safety

What a child care provider needs to know

Toys and games help children develop coordination and learn about sizes, shapes, colors, numbers and letters. Child care providers offer toys and other play materials for fun and to help children learn. Toys and playing spark creativity and give children an opportunity to experiment, develop new skills, experience a sense of accomplishment and be active.

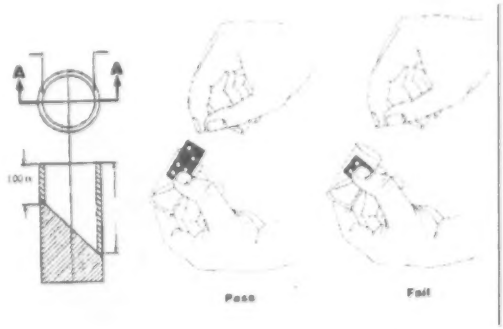
Some toys can harm children. Toys that are poorly designed, not age-appropriate, used incorrectly, made with glass or breakable plastic, have small parts, or are broken or worn out are not safe and may cause injuries, or even death.

Reported cases of deaths from toys include those associated with choking on toys and riding on toys. Injuries from toys are those associated with tripping over a toy, bumping into a toy or being hit by a thrown toy, rather than directly related to the design of the toy.

What a child care provider can do to reduce the risk

Toys should be examined for hazards and must be as safe and as risk-free as possible. Child care providers can use tools such as the choking hazard checklist and the toy safety checklist to eliminate those toys that may present risk. Toys and toy parts should be large enough that they cannot be swallowed.

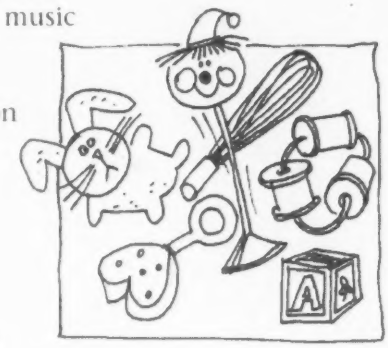
Toys intended for use by children younger than three years should not have accessible, small parts that fit into a standard cylinder with an inside diameter of 1 ¼" and depth varying from 1 to 2 ½". This standard cylinder (available at some juvenile products stores and through catalogs) can be used to test toy parts.



Knowledge of age-appropriate toys will help child care providers select toys that are safe for the child care environment. If the group is of mixed ages, supervision and safety practices should be used to protect the youngest children from the risk of playing with toys that may present a hazard to them.

Age Appropriate Toys

Age Group	Suggested Toys
Up to 1 year	• large blocks of wood or plastic • pots and pans • soft washable animals and dolls or balls • toys that make noises, busy boards, squeeze toys • bright movable objects that are out of a baby's reach
1 to 2 years	• cloth or plastic books with large pictures • stacking toys, balls, large blocks • push or pull toys without long strings • toy telephone without long cord • tapes with simple stories or music
3 to 6 years	• books (short stories or action stories) • building blocks • crayons • nontoxic paints • hammer and bench • housekeeping toys • outdoor toys (e.g., sandbox with lid, slide, swing, playhouse) • transportation toys (e.g., tricycles, cars or wagons) • tape or record player • puzzles with large pieces, chalkboards • balls • simple board games • dramatic play toys



Toy Safety Checklist

Yes	No	
❑	❑	Toys and play equipment have no sharp edges or points, small parts, pinch points, chipped paint, splinters, or loose nuts or bolts.
❑	❑	All toys are painted with lead-free paint.
❑	❑	Toys are put away when not in use.
❑	❑	Toys that are mouthed are washed and disinfected between users.
❑	❑	Children are not permitted to play with any type of plastic bag or balloon.
❑	❑	Toys are too large to fit completely into a child's mouth and have no small, detachable parts to cause choking. No coins, safety pins or marbles for children under four years of age.
❑	❑	Infants and toddlers are not permitted to eat small objects and foods that may easily cause choking, such as hot dogs, hard candy, seeds, nuts, popcorn, and uncut round foods such as whole grapes and olives.
❑	❑	Toy chests have air holes and a lid support or have no lid. A lid that slams shut can cause head injuries or suffocation.
❑	❑	Shooting or projectile toys are not present.
❑	❑	Commercial art materials are stored in their original containers out of children's reach. The word nontoxic appears on the manufacturer's label.
❑	❑	Rugs, curtains, pillows, blankets and cloth toys are flame resistant.
❑	❑	Toys are not hung across the cribs of infants who can sit up. Rattles, pacifiers or other objects are never hung around an infant's neck.
❑	❑	Infant walkers are not used (prohibited by California licensing).

18 Back Injury Among Providers

Rationale

Back injury is the most common cause of occupational injury for child care providers. Providers need to exercise and practice good body mechanics to stay healthy.

Learning Objectives

Participants will be able to:

- Understand and explain the risk of back injury among providers
- Know the risk factors contributing to back injury
- Understand how to prevent back injury

Teaching Methods/Suggested Activities

- **Lecture:** Review and discuss the risk of back injury among child care providers and how to prevent it.
- **Question/Answers:** Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #18: *Back Injury Among Providers*
- Flip Charts/Chalkboard/Whiteboard,
- Overhead Projector (if using transparencies)

Questions/Comments

- Stress the importance of adjusting the height of cribs and changing tables so providers do not have to bend or strain to pick up children.
- Stress the importance of proper body mechanics in everyday movement, but particularly in bending and lifting.
- If a child care provider is suffering from a chronic back pain, s/he should see a health care provider for accurate diagnosis. S/he may be able to relieve lower back pain by doing prescribed exercises for back and abdominal muscles.

Back Injury Among Providers

What a child care provider needs to know

Back injury is the most common cause of occupational injury for child care providers, and can cause a great deal of pain, medical expenses, lost work time and inconvenience. Providers need to exercise and practice good body mechanics to stay healthy.

Dr. Rene Gratz and her colleagues studied the health risk factors associated with the child care work site and put together the following list of the top eight health risk problems:

1. Incorrect lifting of children, toys, equipment, etc.
2. Inadequate work heights (e.g., child-sized tables and chairs)
3. Lowering and lifting in and out of cribs
4. Frequent sitting on the floor with back unsupported
5. Excessive reaching above shoulder height to obtain stored supplies
6. Frequent lifting of children on and off the diaper changing tables
7. Awkward positions and forceful motions needed to open windows
8. Carrying garbage diaper bags to dumpster

What a child care provider can do to reduce back injury

You can prevent back injury in the following ways:

1. Learn proper lifting and carrying techniques, such as keeping the child as close as possible to you and avoiding any twisting motion as you lift the child. Encourage independence in children—for example, walk up stairs with toddlers, rather than carrying them.
2. Use adult furniture, not child-sized chairs, tables or desks. Use sit/kneel chairs.
3. Always lower the crib side before lifting a child out, and use proper body mechanics when lifting.
4. Sit up against a wall or furniture for back support when possible. Perform stretching exercises.
5. Redesign the kitchen area so that the heaviest items are at waist height. Reorganize snacks and supplies to simplify procedures for preparation of snacks. Use step stools when retrieving items above cupboard height.
6. Use adult-height changing tables. Use a ramp or small, stable stepladders or stairs to allow children, with constant supervision, to climb up to changing tables or other places to which they would be lifted.
7. Use step stools for better leverage. Have maintenance staff improve the quality of window slides.
8. Use a cart to transport trash, and relocate the garbage cart closer to the work area. Reduce the size and weight of loads.

A Resources

Community Resources for Further Training and Consultation

Child Care Health and Safety Resources

California Childcare Health Program
(CCHP)
1322 Webster St., Suite 402
Oakland, CA 94612-1814
(510) 839-1195
(510) 839-0339 Fax
Healthline: (800) 333-3212
E-mail: Healthline@childcarehealth.org
www.childcarehealth.org

American Academy of Pediatrics
141 Northwest Point Blvd.
P.O. Box 747
Elk Grove Village, IL 60009-0747
(800) 433-9016
(847) 434-4000
(847) 434-8000 Fax
www.aap.org

American Academy of Pediatric Dentistry
211 East Chicago Avenue, #700
Chicago, IL 60611-2663
(312) 337-2169
(312) 337-6329 Fax
www.aapd.org

American Dental Association
American Dental Association
211 E. Chicago Ave.
Chicago, IL 60611
(312) 440-2500
(312) 440-2800 Fax
www.ada.org

American Public Health Association
800 I Street, NW
Washington, DC 20001
(202) 777-2742 (APHA)
(202) 777-2500 TTY
(202) 777-2534 Fax
www.apha.org

California Child Care Resource and Referral Network
111 New Montgomery Street, 7th Floor
San Francisco, CA 94105
(415) 882-0234
(800) 543-7793 Information Line (in CA)
(415) 882-6233 Fax
E-mail: info@rrnetwork.org
www.rrnetwork.org

Centers for Disease Control and Prevention (CDC)
(404) 639-3534
(800) 311-3435
www.cdc.gov

Department of Social Services/ Community Care Licensing
744 P Street, M.S. 19-50
Sacramento, CA 95814
(916) 323-3952
(916) 323-8352 Fax
http://ccld.ca.gov

The Center for Health Training
614 Grand Avenue, Suite 400
Oakland, CA 94610-3523
(510) 835-3700
www.jba-cht.com

Child Care Law Center
973 Market Street, Suite 550
San Francisco, CA 94103
(415) 495-5498
(415) 495- 6734 Fax
www.childcarelaw.org

California Department of Health Services
Office of Dental Health Services
P.O. Box 942732
601 N. 7th Street - MS 253
Sacramento, CA 94234-7320
(916) 445-2510
(916) 324-7763 Fax
www.dhs.cahwnet.gov

California Poison Control System
(800) 876-4766
(800) 8POISON
www.calpoison.org

Motor Vehicle Safety Resources

Air Bag & Seat Belt Safety Campaign
National Safety Council
1025 Conn. Ave., NW, Suite 1200
Washington, DC 20036
(202) 625-2570
(202) 822-1399 Fax
E-mail: airbag@nsc.org.
www.nsc.org/airbag.htm

California Department of Health Services
Vehicle Occupant Safety Program
P.O. Box 942732, MS 39A
Sacramento, CA 94234-7320
(916) 323-3487
www.dhs.cahwnet.gov/cdic/

California Office of Traffic Safety
Occupant Safety
7000 Franklin Boulevard, Suite 440
Sacramento, CA 95823
(916) 262-0990
www.ots.ca.gov

California Highway Patrol
Office of Public Affairs
P.O. Box 942898
Sacramento, CA 94298-0001
(916) 657-7202
(916) 657-8639 Fax
www.chp.ca.gov

California State Automobile Association (AAA)
Traffic Safety Department
(415) 565-2350 Northern California
(714) 885-2305 Southern California
(407) 444-7912 National
www.csaa.com

International Center for Injury Prevention
Child Passenger Safety Advocacy
5009 Coye Drive
Stevens Point, WI 54481-2935
(800) 344-7580
(715) 344-7583 ext. 19
(715) 341-8400 Fax
www.childsafety.org

National Highway Traffic Safety Administration
(NHTSA) Office of Occupant Protection
400 Seventh Street SW
Washington, DC 20590
888-DASH-2-DOT
www.nhtsa.gov

National SAFE KIDS Campaign
1301 Pennsylvania Avenue NW,
Suite 1000
Washington, DC 20004
(202) 662-0600
(202) 393-2072 Fax
www.safekids.org

SafetyBeltSafe U.S.A.
1124 W. Carson Street
RFI Building B-1 West
Torrance, CA 90502
(800) 745-SAFE; (310) 222-6860
(800) 747-SANO; (310) 222-6862 (Spanish)
www.carseat.org

Safe Ride News
14604 Ninth Avenue NE
Shoreline, WA 98155
(800) 422-4121
(206) 364-5696
(206) 364-5992 Fax
www.saferidenews.com

Sudden Infant Death Syndrome (SIDS) Resources

Sudden Infant Death—
American Academy of Pediatrics
(800) 433-9016
(847) 434-4000
(847) 434-8000 Fax
www.aap.org/new/sids/reduceth.htm

California Sudden Infant Death Syndrome Program
5330 Primrose Drive, Suite 231
Fair Oaks, CA 95628-3542
(800) 369-SIDS (7437)
(916) 536-0167 Fax

The Sudden Infant Death Syndrome Alliance
1314 Bedford Avenue, Suite 210,
Baltimore, MD 21208
(410) 653-8226
(800) 221-SIDS (7437)
www.sidsalliance.org

National Sudden Infant Death Syndrome Resource Center
2070 Chain Bridge Road, Suite 450
Vienna, VA 22182
(703) 821-8955
(703) 821-2098 (Fax)
sids@circsol.com
www.circsol.com/sids/SIDSDEF.HTM

Other Resource Organizations

California Center for Childhood Injury Prevention
San Diego State University
6505 Alvarado Road, Suite 208
San Diego CA 92120
(619) 594-3691
(619) 594-1995 Fax
www.cccip.org

National Fire Protection Association
1 Batterymarch Park
Quincy, MA 02269-9101
(800) 344-3555
(617) 770-0700 Fax
www.nfpa.org

Governor's Office of Emergency Services Coastal Regional Branch-Mutual Aid Region 2
1300 Clay Street, 4th Floor
Oakland, CA 94612
510 286-0895
510 286-0853 Fax
http://www.oes.ca.gov

ECELS—Early Childhood Education Linkage
Pennsylvania Chapter,
American Academy of Pediatrics
919 Conestoga Road
Building 2, Suite 307
Rosemont, PA 19010
(610) 520-9125
(800) 24-ECELS (PA only)
e-mail: paaap@voicenet.com
www.paaap.org

National Association for the Education of Young Children
1509 16th Street,
N.W. Washington, D.C. 20036
(202) 232-8777
www.naeyc.org

National Child Care Information Center
243 Church Street, NW, 2nd Floor
Vienna, VA 22180
(800) 616-2242
(800) 716-2242 Fax
(800) 516-2242 TTY
www.nccic.org

National Association of Pediatric Nurses and Practitioners
1101 Kings Highway, North, Suite 206
Cherry Hill, NJ 08034-1912
(856) 667-1773
(856) 667-7187 Fax
E-mail: Info@napnap.org
www.napnap.org

National Resource Center for Health and Safety in Child Care
University of Colorado Health
Sciences Center
Fitzsimons Campus
Campus Mail Stop F541 - PO BOX 6508
Aurora, CO 80045-0508
(800) 598 KIDS
(303) 724-0960 Fax
Email: Natl.child.res.ctr@UCHSC.edu
http://nrc.uchsc.edu

U.S. Consumer Product Safety Commission
4330 East-West Highway
Bethesda, MD 20814-4408
(800) 638-2772 (Consumer Hotline)
(800) 638-8270 TTY:
(301) 504-0990
www.cpsc.gov

U.S. Maternal and Child Health Bureau, U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201
(202) 619-0257
(877) 696-6775
hhsmail@osdhhs.gov
www.mchb.hrsa.gov

Textbooks, Manuals and Pamphlets

The ABCs of Safe and Healthy Child Care: A Handbook for Child Care Providers
Department of Health and Human Services, U.S. Public Health Service, Centers for Disease Control and Prevention, 1996. To order, contact: Public Health Foundation at (800) 41-TRAIN or visit http://www.cdc.gov/ncidod/hip/abc/abc.htm.

Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-Of-Home Child Care Programs
Washington D.C. American Public Health Association and American Academy of Pediatrics. A revised version will be available in spring 2001. To order, call American Academy of Pediatrics at (800) 433-9016 or American Public Health Association at (301) 893-1894. Or download from http://nrc.uchsc.edu.

California Child Day Care Centers and Family Child Care Homes Regulations
California has six different documents regulating health and safety in child care facilities:

- Child Day Care Centers: Division 12, Chapter 1
- General Licensing Requirements: Division 6, Chapter 1
- Family Child Care Homes for Children: Title 22, Division 12, Chapter 3
- Infant Care Centers
- Child Care Center for Mildly Ill Children
- Child Care Center for School Age Children

For information contact the California Department of Social Services, Office of Regulations Development at 744 P St. Mail Station 7-192, Sacramento, CA 95814. Call (916) 657-2586 or visit http://nrc.uchsc.edu/ca/Calif.htm.

California Immunization Handbook: School and Child Care Entry Health Requirements
Sacramento, CA: State of California, 1999. Available from County Public Health Dept., Healthcare Services Div., Immunization Services.

Health and Safety Notes
Child Care Health Program, Oakland, CA. Two sets of Health and Safety notes (13-14 topics in each set) covering a wide range of issues in English or Spanish. Available by calling CCHP/SDSU at (619) 594-3728, or faxing your request to (619) 594-3377. Cost is $10 for a set. You may also visit www.childcarehealth.org.

Safety, Nutrition and Health in Early Education, 1st Edition
Catherine Robertson Grossmont College, El Cajon, CA. Published by Delmar Publishers 1998. ISBN/ISSN: 0-8273-7329-5.

Infection Control in the Child Care Center and Preschool (Third Edition)
Leigh G. Donowitz, Baltimore: Williams and Wilkins, 1996. To order, call (800) 638-0672.

Making Food Healthy and Safe for Children: How to Meet the National Health and Safety Performance Standards
Arlington, VA: National Center for Education in Maternal and Child Health, 1997. To order, call (703) 821-8955.

Keeping Kids Healthy: Preventing and Managing Communicable Disease in Child Care
The Center for Health Training, San Francisco, CA, 1994.
To order manual and companion video, call the California Department of Education, Bureau of Publications Sales Unit at (800) 995-4099. Cost: book, English only, $15.00; video, English and Spanish, $17.50. Call (800) 424-2460.

Model Child Care Health Policies
Aronson, S., and H. Smith. Bryn Mawr, PA: Pennsylvania Chapter, American Academy of Pediatrics, June 1997, third edition.
This manual provides a sample health policy for early childhood programs. Contact: National Association for the Education of Young Children, 1509 16th Street, NW, Washington, DC 20036-1426. Telephone: (800) 424-2460 or (201) 232-8777. $5.00. Order No. 716. Or download at www.paaap.org/ecels/model.htm.

Healthy Young Children: A Manual for Programs
National Association for the Education of Young Children, Washington, D.C.: A.S. Kendrick, R. Kaufmann, & K.P. Messenger, (Eds.), 1991. Cost: $15 87

Preparing for Illness: A Joint Responsibility for Parents and Caregivers
Bryn Mawr, PA: Pennsylvania Chapter, American Academy of Pediatrics, 1997. 42 pp. Contact: NAEYC, 1509 16th Street, NW, Washington, D.C. 20036-1476. Telephone: (800) 424-2460. $2.00, includes shipping/handling; discounts for bulk orders. http://www.paaap.org/ecels/keeping.html

Brochures

Brochures related to health and safety may be obtained from catalogs from the following organizations:

American Academy of Pediatrics
141 North Westpoint Boulevard
Elk Grove, Illinois 60009
(800) 638-8270

U.S. Consumer Product Safety Commission
4330 East-West Highway
Bethesda, MD 20207
(800) 638-8270

National Association for the Education of Young Children
1509 16th Street, N.W.
Washington, D.C. 20036
(202) 232-8777

Child Care Law Center
22 Second Street, 5th Floor
San Francisco, CA 94105
(415) 495-5498

Newsletters

Child Care Health Connections
San Diego State University
6505 Alvarado Road, #108
San Diego, CA 92120
(619) 594-3728
(619) 594-3728 Fax
E-mail: weather1@earthlink.net

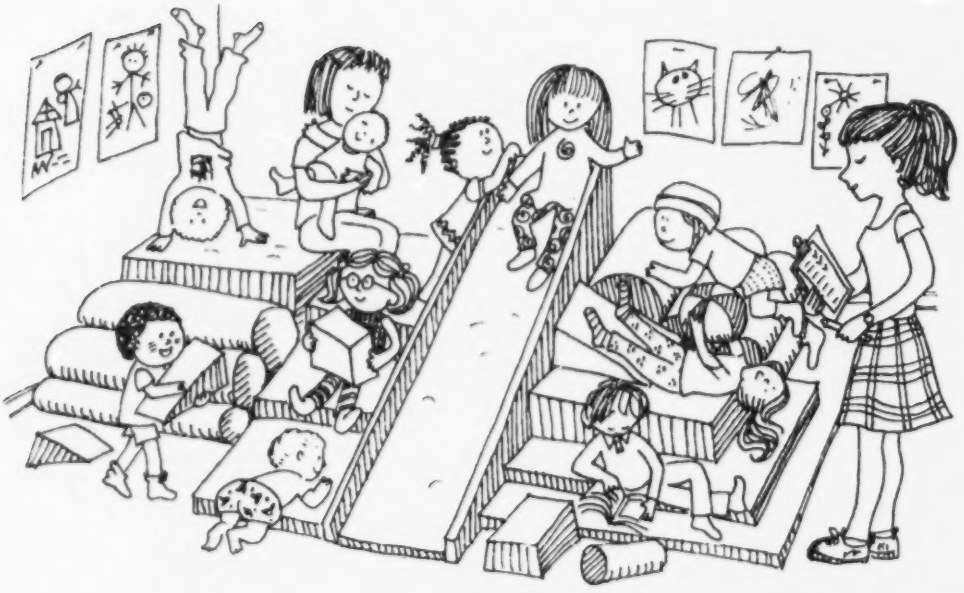
Early Childhood Health Link (ECELS Publication)
American Academy of Pediatrics, Pennsylvania
919 Conestoga Road
Building 2, Suite 307
Rosemont, PA 19010
(610) 520-9123

Child Health Alert
P.O. Box 610228
Newton Highlands, MA 02161
(800) 239-1762

Healthy Child Care
Healthy Child Publications
P.O. Box 624
Harbor Springs, MI 49740
(616) 526-6342

B Forms

- Suspected Child Abuse Report Form
- Child Care Emergency Contact Information Form
- Injury Report Form
- Evacuation Drill Log
- Staff Assignment for Active (Large Muscle) Play



SUSPECTED CHILD ABUSE REPORT

To Be Completed by Reporting Party
Pursuant to Penal Code Section 11166

A. CASE IDENTIFICATION — TO BE COMPLETED BY INVESTIGATING CA
VICTIM NAME: _____
REPORT NO./CASE NAME: _____
DATE OF REPORT: _____

B. REPORTING PARTY

NAME/TITLE		
ADDRESS		
PHONE ( )	DATE OF REPORT	SIGNATURE

C. REPORT SENT TO

☐ POLICE DEPARTMENT ☐ SHERIFF'S OFFICE ☐ COUNTY WELFARE ☐ COUNTY PROBATION

AGENCY	ADDRESS	
OFFICIAL CONTACTED	PHONE ( )	DATE/TIME

D. INVOLVED PARTIES

VICTIM

NAME (LAST, FIRST, MIDDLE)	ADDRESS	BIRTHDATE	SEX	RACE
PRESENT LOCATION OF CHILD		PHONE ( )		

SIBLINGS

NAME	BIRTHDATE	SEX	RACE	NAME	BIRTHDATE	SEX	RACE
1.				4.			
2.				5.			
3.				6.			

PARENTS

NAME (LAST, FIRST, MIDDLE)	BIRTHDATE	SEX	RACE	NAME (LAST, FIRST, MIDDLE)	BIRTHDATE	SEX	RACE
ADDRESS				ADDRESS			
HOME PHONE ( )	BUSINESS PHONE ( )			HOME PHONE ( )	BUSINESS PHONE ( )		

E. INCIDENT INFORMATION

IF NECESSARY, ATTACH EXTRA SHEET OR OTHER FORM AND CHECK THIS BOX ☐

1. DATE/TIME OF INCIDENT — PLACE OF INCIDENT — *(CHECK ONE)* ☐ OCCURRED ☐ OBSERVED

IF CHILD WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:
☐ FAMILY DAY CARE ☐ CHILD CARE CENTER ☐ FOSTER FAMILY HOME ☐ SMALL FAMILY HOME ☐ GROUP HOME OR INSTITUTION

2. TYPE OF ABUSE: *(CHECK ONE OR MORE)* ☐ PHYSICAL ☐ MENTAL ☐ SEXUAL ASSAULT ☐ NEGLECT ☐ OTHER

3. NARRATIVE DESCRIPTION:

4. SUMMARIZE WHAT THE ABUSED CHILD OR PERSON ACCOMPANYING THE CHILD SAID HAPPENED:

5. EXPLAIN KNOWN HISTORY OF SIMILAR INCIDENT(S) FOR THIS CHILD:

SS 8572 (Rev. 1/93)

INSTRUCTIONS AND DISTRIBUTION ON REVERSE

DO NOT submit a copy of this form to the Department of Justice (DOJ). A CPA is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS-8583 if (1) an active investigation has been conducted and (2) the incident is not unfounded.

Police or Sheriff-WHITE Copy; County Welfare or Probation-BLUE Copy; District Attorney-GREEN Copy; Reporting Party-YELLOW Copy

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Child Care Emergency Contact Information

Child's Name: _____ Birthdate: _____

Legal Guardian #1 Name _____

Telephone Numbers: Home: _____ Work: _____

Legal Guardian #2 Name: _____

Telephone Numbers: Home: _____ Work: _____

Emergency Contacts (to whom child may be released if legal guardian is unavailable)

Name #1: _____

Telephone Numbers: Home: _____ Work: _____

Name #2: _____

Telephone Numbers: Home: _____ Work: _____

Child's Usual Source of Medical Care

Name: _____

Address: _____

Telephone Number: _____

Child's Health Insurance

Name of Insurance Plan: _____ ID#: _____

Subscriber's Name (on insurance card): _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations

_____

Transport Arrangement in an Emergency Situation

Ambulance service: _____ Child will be taken to: _____
(Parents/guardians are responsible for all emergency transportation charges)

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Date: _____ Parent/Legal Guardian's Signature #1: _____

Date: _____ Parent/Legal Guardian's Signature #2: _____

Injury Report Form

Fill in all blanks and boxes that apply

Name of Program: _____ Phone: _____

Address of Facility: _____

Child's Name: _____ Sex: M F Birthdate: __/__/__ Incident Date: __/__/__

Time of Incident: _____:_____ am/pm Witnesses: _____

Name of Legal Guardian/Parent Notified: _____ Notified by: _____ Time Notified: _____:_____ am/pm

EMS (911) or other medical professional ❑ Not notified ❑ Notified Time Notified: _____:_____ am/pm

Location where incident occurred: ❑ playground ❑ classroom ❑ bathroom ❑ hall ❑ kitchen ❑ doorway
❑ large muscle room or gym ❑ office ❑ dining room ❑ unknown ❑ other (specify) _____

Equipment/product involved: ❑ climber ❑ slide ❑ swing ❑ playground surface ❑ sandbox ❑ trike/bike ❑ hand toy
(specify): _____

❑ other equipment (specify): _____

Cause of injury: (describe) _____

❑ fall to surface; estimated height of fall _____ feet; type of surface: _____
❑ fall from running or tripping ❑ bitten by child ❑ motor vehicle ❑ hit or pushed by child ❑ injured by object
❑ eating or choking ❑ insect sting/bite ❑ animal bite ❑ injury from exposure to cold ❑ other (specify): _____

_____

Parts of body injured: ❑ eye ❑ ear ❑ nose ❑ mouth ❑ tooth ❑ other part of face ❑ other part of head ❑ neck
❑ arm/wrist/hand ❑ leg/ankle/foot ❑ trunk other (specify): _____

Type of injury: ❑ cut ❑ bruise or swelling ❑ puncture ❑ scrape ❑ broken bone or dislocation ❑ sprain
❑ crushing injury ❑ burn ❑ loss of consciousness ❑ unknown ❑ other (specify): _____

First aide given at the facility: (e.g., comfort, pressure, elevation, cold pack, washing, bandage): _____

_____

Treatment provided by: _____

❑ no doctor's or dentist's treatment required
❑ treated as an outpatient (e.g., office or emergency room)
❑ hospitalized (overnight) # of days: _____

Number of days of limited activity from this incident: _____ Follow-up plan for care of the child: _____

_____

Corrective action needed to prevent reoccurrence: _____

Name of official/agency notified: _____ Date: _____

Signature of staff member: _____ Date: _____

Signature of Legal Guardian/Parent: _____ Date: _____

copies: 1) child's folder 2) parent 3) injury log

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Staff Assignment for Active (Large Muscle) Play

Week of:	Climbers	Swings	Slides	Riding Toys	Other
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Date	Time	"Pretend" Fire Location	Length of Time to Evacuate	Number of Children	Name/Signature of Person Observing Drill

Evacuation Drill Log

Select a location in the building for the site of a "pretend" fire which could change the usual evacuation route. Plan and conduct an evacuation drill using alternate exits.

C Bibliography

American Public Health Association and American Academy of Pediatrics. *Caring for Our Children: National Health and Safety Performance Standards for Out-of-Home Child Care.* Washington, DC: APHA & APA, 1992. (Revised edition expected 2001)

California Child Care Health Project. *Injury Prevention & Response, A Manual for Child Care Providers.* San Diego, CA: San Diego State University, Graduate School of Public Health, Maternal and Child Health Division, 1991.

Shapiro Kendrick, A., Kaufmann, R. and Messenger, K.P., eds. *Healthy Young Children.* Washington, DC: National Association for the Education of Young Children, 1995.

Committee on Injury and Poison Prevention, American Academy of Pediatrics. *Injury Prevention and Control for Children and Youth.* Elk Grove Village, IL, American Academy of Pediatrics, 1997.

Cathie Robertson. *Safety, Nutrition, and Health in Early Education.* Albany, New York, Delmar Publishers, 1998.

Pennsylvania Chapter, American Academy of Pediatrics. *Model Child Care Health Policies.* PA, ECELS, American Academy of Pediatrics, 3rd Edition, June 1997.

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